11945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Md. — LENGTH OF STAY (in this place) ~~146~~ days 147	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp. Ft. Howard, Md	STREET ADDRESS (If rural, give location) 5419 Belle Vista Ave.

3. NAME OF DECEASED (Type or Print)	(First) SAMUEL (NMI)	(Middle)	(Last) ABELL	4. DATE OF DEATH	(Month) Dec. 2 (Day) (Year) 1950
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 2-3-79	9. AGE last birthday 71 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired army office	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Seymour Ind.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Char les Abell			14. MOTHER'S MAIDEN NAME Emma Long		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) SAW	16. SOCIAL SECURITY NO. unknown		17. INFORMANT AND ADDRESS Clinical Rec. Vets.Adm.Hosp.Ft.Howard, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic ulcerative colitis

572.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1208 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 7-8, 1950, to 12-2, 1950, ~~that I last saw the deceased alive on 19~~ and that death occurred at 2:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Milton Gencher MD.

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF 12/6/50	NAME OF CEMETERY OR CREMATORY Balto.National Cemetery	LOCATION (City, town, or county) (State) 5501 Frederick Ave. Balto, Md.
DATE REC'D BY LOCAL REG. 12/4/50	REGISTRAR'S SIGNATURE 2	24. FUNERAL DIRECTOR Wm.Cook, St. Paul & Preston Sts.	ADDRESS Balto. Md.

60846

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11946

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Ma Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 34 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1357 N. Gilmore St.

3. NAME OF DECEASED (Type or Print): (First) ERVIN (Middle) (NMI) (Last) ADAMS

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1950

5. SEX: male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: 9-24-94

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): plumbers helper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Raleigh, N.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ralph Adams

14. MOTHER'S MAIDEN NAME: Annie A. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Clinical Records Vets.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of liver	unknwon
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

156.1
46f

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Nov. 17, 1950, to Dec. 22, 1950, that I last saw the deceased alive on [illegible] and that death occurred at 9:15 A. m., from the causes and on the date stated above.

SIGNATURE: C B Cure M.D. (Degree or title)

ADDRESS:

DATE SIGNED: 12-22-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/27/50

NAME OF CEMETERY OR CREMATORY: Raleigh National Cemetery

LOCATION (City, town, or county) (State): Raleighn N.C.

DATE REC'D BY LOCAL REG.: Dec 24, 1950

REGISTRAR'S SIGNATURE: William D. Kelly Jr.

24. FUNERAL DIRECTOR: Charles Law

ADDRESS: 802 Madison Ave. Balto. Md.

34879

3 Township Rd

Du. 0287R

11947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH· COUNTY: BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: MARYLAND COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ESSEX — LENGTH OF STAY (in this place): 2 Mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MIDDLE RIVER
HOSPITAL OR INSTITUTION OR STREET ADDRESS: UPPER LANDING	STREET ADDRESS (If rural give location): 1004 OREMS RD

3. NAME OF DECEASED (Type or Print) (First) KATHERINE (Middle) — (Last) ALTMEYER			4. DATE OF DEATH (Month) 12 (Day) 16 (Year) 1950		
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: FEB 12 1884	9. AGE last birthday: 66 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): AUSTRIA HUNGARIA	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: NICHOLAS SCHULTZ			14. MOTHER'S MAIDEN NAME: KATHERINE MARTIN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT: MAGDELINE SAUER - DAUGHTER		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PULMONARY EMBOLISM	5 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) REPEATED PULMONARY EMBOLI	
	(c) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	6 YEARS

422.1
93d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) —	(COUNTY) —	(STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from Dec 28, 1950, to Dec 16, 1950, that I last saw the deceased alive on Dec 16, 1950, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Semenoff M.D. ADDRESS 1437 FUSELAGE AVE BALTO 20, MD DATE SIGNED 12-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12/20/50	NAME OF CEMETERY OR CREMATORY Holy Redeemer	LOCATION (City, town, or county) Belair Rd.	(State) Md.
DATE REC'D BY LOCAL REG. 12/19/50	REGISTRAR'S SIGNATURE A. W. Heduck JT	24. FUNERAL DIRECTOR John G Connelly	ADDRESS Essex 21 - Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trenton (Rural) LENGTH OF STAY (in this place) 74 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trenton — Rural
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) JOHN — C — ARMACOST

4. DATE OF DEATH (Month) (Day) (Year) December 15 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July, 10, 1876
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? WSA

13. FATHER'S NAME Regin H Armacost
14. MOTHER'S MAIDEN NAME Mary C Cullison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Mack Spices, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH 3 years

420.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Dec. 15, 1950, that I last saw the deceased alive on Dec. 14, 1950, and that death occurred at 5:30a m., from the causes and on the date stated above.

SIGNATURE Maurice C. Porterfield (Degree or title) M.D ADDRESS HAMPSTEAD, Md DATE SIGNED 12/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 12-17-50 NAME OF CEMETERY OR CREMATORY Grace LOCATION (City, town, or county) Balto Co Md (State)

DATE REC'D BY LOCAL REG. 12-16-50 REGISTRAR'S SIGNATURE Mary B. Eline. 24. FUNERAL DIRECTOR Edw Tipton, Hampstead Md ADDRESS

000W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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RECEIVED
DEC 22 1950

Evidence for change in age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11949

FILM No. G 1 30 DEC 21 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore	MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville	LENGTH OF STAY (in this place): 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital	3 mths, 1 day
2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland	COUNTY: Carroll County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gambers	
STREET ADDRESS (If rural, give location):	

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
VELMA	W.	BECROFT	December 12, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		Mar. 30, 1906	44 ~~43~~ yrs.	8	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Levi Gamber	Carey Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no		Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic cardiac decompensation	4 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic rheumatic heart disease	20 years
	(c)	

416x 95b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 1, 1950, to Dec. 12, 1950, that I last saw the deceased alive on Dec. 11, 1950, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Florence Denizer Joyce MD		Spring Grove St. Hosp., Catonsville 28, Md.	12/12/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	12/14/50	London Park	Balto Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/13/50	V. E. Harry	Mac Nabb & Son	28

RECEIVED
DEC 15 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11951

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 64 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2034 Druid Hill Avenue

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) C. (Last) BLACK

4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-15-90

9. AGE last birthday: 60 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter - Restaurant

10b. KIND OF BUSINESS OR INDUSTRY: R.R.

11. BIRTHPLACE (State or foreign country): Rock Hill, S. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mary McCullough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 217-05-7105

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334x 97

Immediate cause (a) CEREBRAL ATROPHY — Interval Between Onset and Death: UNKNOWN

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CEREBRAL ARTERIOSCLEROSIS — Interval Between Onset and Death: UNKNOWN

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep. 30, 1950, to Dec. 3, 1950, [illegible] and that death occurred at 9:45 A. m., from the causes and on the date stated above.

SIGNATURE Paul Padget MD (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 12-4-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-6-50
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 12/3/50
REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Charles R. Law ADDRESS: 802 Madison Avenue Baltimore, Maryland

mj 78047

MARYLAND STATE DEPARTMENT OF HEALTH

11952

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Maryland (Balto.) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) Six months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3339 W. Belvedere Avenue
STREET ADDRESS (If rural, give location) Baltimore, Md.

3. NAME OF DECEASED (Type or Print) (First) FREDERICK (Middle) (Last) BOLLMAN

4. DATE OF DEATH (Month) December (Day) 21, (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 1870

9. AGE last birthday 80 yrs. If under 1 year Months. Days | If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME August Bollman

14. MOTHER'S MAIDEN NAME Caroline Grimmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

INFORMANT AND ADDRESS Mrs. Matilda Bollman 3337 W. Belvedere Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-respiratory failure

Antecedent cause(s)

422.1
93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial degeneration and hypertrophy

(c) Severe arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1950, to Dec. 21, 1950, that I last saw the deceased alive on Dec. 21, 1950, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William J. Bryson M.D. Spring Grove State Hospital Catonsville 28, Md. 12/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 12/24/50 NAME OF CEMETERY OR CREMATORY Mt. Carmel LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. December 23 - 1950 REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 1217 St. Paul St.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11953

FILM No. G 130 JAN 10 1951

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY ~~Maryland~~ Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Georgia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIE (Middle) MELMOTH (Last) BOMAR

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1894 (Aug. 6)

9. AGE last birthday: ~~55~~ 56 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher and Writer

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Dublin, Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Eliza Bomar

14. MOTHER'S MAIDEN NAME: Ella Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Carcinomatosis	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the breast c	
170 X 50	(c) metastasis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1950, to Dec 22, 1950, that I last saw the deceased alive on 12-22, 1950, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Florence Deringer Joyce	MD	Spring Grove St. Hosp.	12-23-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 1950	Spring Grove State Hospital	Catonsville 28, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/26/50	V E. Harry	Spring Grove Hospital	Catonsville 28, Md.

V3491

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 29 1950
BUREAU V. S

11954

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH· COUNTY Baltimore Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Bessie	(Middle) L	(Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1950 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Oct. 11, 1891	9. AGE last birthday 59 yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Baltimore Co.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Warren Merryman		14. MOTHER'S MAIDEN NAME Rebecca Eaton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs. Donald V. Curtis, Upperco, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	4 hours
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 830	(b) Hypertension	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-23, 1950, to 12-23, 1950, that I last saw the deceased alive on 12-23, 1950, and that death occurred at 9:15 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Maurice C. Porterfield	M.D	Hampstead,	Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Dec. 26, 1950	NAME OF CEMETERY OR CREMATORY Dover Cemetery	LOCATION (City, town, or county) (State) Baltimore Co.
DATE REC'D BY LOCAL REG. 12-24-50	REGISTRAR'S SIGNATURE Mary B. Eline	24. FUNERAL DIRECTOR J.F. Eline & Sons, Reisterstown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11955

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 600 Delaware Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JESSIE (Middle) B. (Last) BROWN

4. DATE OF DEATH (Month) DEC. (Day) 27 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 3-10-1888
9. AGE last birthday 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Peter O'Brien
14. MOTHER'S MAIDEN NAME Emalie Madden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Francis Brown (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Congestive Heart Failure	2 days
420.0	Antecedent cause(s)	(b) Myocardial Degeneration	18 mo.
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arterio-sclerotic Heart Disease	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Bronchitis — 4 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1950, to Dec. 27, 1950, that I last saw the deceased alive on Dec 27, 1950, and that death occurred at 7:11 P m., from the causes and on the date stated above.

SIGNATURE Joseph Meek (Degree or title) M.D. ADDRESS 422 Eastern Ave Balto. 21 Md DATE SIGNED 12/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/30/50
NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery
LOCATION (City, town, or county) Anne Arundel Co. (State) Md.

DATE REC'D BY LOCAL REG. 12/28/50
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR John G. Connelly
ADDRESS 418 Eastern Ave Balto 21.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11956

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (Rural); LENGTH OF STAY (in this place) Life; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd., Hereford

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton (Rural); STREET ADDRESS (If rural, give location) York Rd. Hereford

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Gertrude (Last) Buell

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ~~Widowed~~

8. DATE OF BIRTH: Jan. 5 1876

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Balto. Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Mays

14. MOTHER'S MAIDEN NAME: Emily Ermacost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Charles Burke, Catonsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval between onset and death: 10 min

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

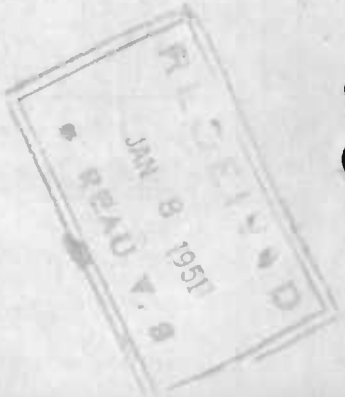
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 7 19 57, to Dec. 31, 19 57., that I last saw the deceased alive on Dec. 31, 19 57, and that death occurred at 3 30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. M. France	M.D.	Monkton, Md.	1/1/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 3 1951	Fotes	Monkton, Balto Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 2/51	Mrs. Howard S. Mashline	Landon M. Burke, Sparks, Md.	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11957

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE California COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton — LENGTH OF STAY (in this place) 1 year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monrovia
HOSPITAL OR INSTITUTION OR STREET ADDRESS Joppa Road	STREET ADDRESS (If rural, give location) 606 King Street

3. NAME OF DECEASED (Type or Print) (First) EVA (Middle) HARFIELD (Last) BURTON

4. DATE OF DEATH (Month) (Day) (Year) Dec. 19,1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Female	White	Widow	Oct. 14, 1878	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Winchester, Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Timberlake	Amanda Lillie Byrne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	None	Mrs. Hattie G. Timberlake, Magnolia, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Heart disease — 6 hrs

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 12/18, 1950, to 12/19, 1950, that I last saw the deceased alive on 12/18, 1950, and that death occurred at 1.50 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Burnett A. Stone	MD	Lutherville	12/20/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Dec. 21,1950	Forest Lawn Mortuary	Glendale, Calif.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/20/50	J.W. Hedrick DM	John Burns' Sons, Towson, Maryland

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11958

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (In this place) 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Rd Owings Mills

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural give location) Reisterstown Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Shirley	Carver	Dec	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	April 6 1883	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Delivery watchman	Dept Store	Virginia	USA

13. FATHER'S NAME: BluBurton Carver

14. MOTHER'S MAIDEN NAME: Sarah C Sharp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	-	216-03-5578	Mrs Agnes B Carver Owings Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic C-V. Disease	2 yrs 3 mos
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	None			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
None			m.		None

22. I hereby certify that I attended the deceased from 7-5, 1937, to 12-17, 1950; that I last saw the deceased alive on 12-16, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. D. Caples	M.D.	Reisterstown, Md.	12-18-50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 20 1950	Carroll's Chapel Cem.	Baltimore County Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-19-50	Mary B. Eline.	Wm Berryman & Sons	Reisterstown Md

60263

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 22 1950
VCAU V. 9

11959

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Linthicum Heights
STREET ADDRESS (If rural, give location): 426 W. Greenwood Rd.

3. NAME OF DECEASED (Type or Print): (First) LYMAN (Middle) I. (Last) COLLINS

4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 7-7-92

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frederick Collins

14. MOTHER'S MAIDEN NAME: Frances Towle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-2

16. SOCIAL SECURITY NO.: 212-28-9982

17. INFORMANT AND ADDRESS: Clinical Rec. Vets.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Infarction	10 days
	(c) Coronary Arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Dec. 14, 1950, to Dec. 17, 1950, that I last saw the deceased ~~alive on~~ and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE: Paul Padgett (Degree or title) — ADDRESS — DATE SIGNED

PAUL PADGETT, M.D. VAH FORT HOWARD, MD. — 12-18-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/20/50	Balto. National Cemetery	5501 Frederick Ave. Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
Dec. 20-50	Dawson L. Harber	Thos. Singleton Glen Burnie, Md.

27809

DEC 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11960

CERTIFICATE OF DEATH

Reg. Dist. No. 4 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; LENGTH OF STAY (in this place) 2 wks.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural give location) Rolling Rd.

3. NAME OF DECEASED (Type or Print): (First) Estelle (Middle) (Last) Corbin

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married?

8. DATE OF BIRTH: About 1887

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Oklahoma

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: E. Spaulding Catonsville 28 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastrointestinal hemorrhage — Interval Between Onset and Death: 2 hrs.

299 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Malnutrition — 1 yr.

99 (c) Blood dyscrasia, Etiology undet.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral sclerosis — 1-2 yrs.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5, 1950, to 12/23, 1950, that I last saw the deceased alive on 12/22, 1950., and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) G. Ray Bloom, M.D. ADDRESS 420 Easton Ave. DATE SIGNED 12/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 12/27/50; NAME OF CEMETERY OR CREMATORY Zion Luth. Com.; LOCATION (City, town, or county) Balto. Co (State) Md

DATE REC'D BY LOCAL REG. 12/26/50; REGISTRAR'S SIGNATURE (

24. FUNERAL DIRECTOR Lonsdale Funeral Home; ADDRESS 4401 Baltimore Rd.

VS. A15

11961

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Recedo Knoll Maiden Choice Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2712 Whitney Ave

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) J. (Last) Corcoran
4. DATE OF DEATH (Month) Dec. (Day) 15 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4-19-1859
9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY U. S. A.

13. FATHER'S NAME Stephen Corcoran
14. MOTHER'S MAIDEN NAME Mary Cuff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT Eugene McInnis 101 W. Monument St. M

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Acute cardiac failure

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 14, 1950, to Dec 15, 1950, that I last saw the deceased alive on Dec 14, 1950, and that death occurred at 4-45 P.M. from the causes and on the date stated above.

SIGNATURE Geo W. Kieffer MD (Degree or title) ADDRESS 1010 Leeds Ave DATE SIGNED Dec 17, 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 18 1950
NAME OF CEMETERY OR CREMATORY Cathedral Cem.
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 12/18/50
REGISTRAR'S SIGNATURE Dick Hedrick
24. FUNERAL DIRECTOR Chas F Evans & Son inc ADDRESS 118 W Mt Royal Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2470 Washington Blvd.
1010 Leeds Ave.
Mul 4226-7 Cat 7400

Evidence for change in #18 shown on:

FORM No. G 130 JAN 19 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11962

CERTIFICATE OF DEATH

Reg. Dist. No. KK

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) 8 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hospl, Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 1950 W. Franklin St.

3. NAME OF DECEASED (Type or Print) (First) Stanley (Middle) R. (Last) CRUMP				4. DATE OF DEATH (Month) December (Day) 31 (Year) 1950	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1-12-91	9. AGE last birthday 59 yrs.	If under 1 year Months Days / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk	10b. KIND OF BUSINESS OR INDUSTRY LUMBER		11. BIRTHPLACE (State or foreign country) Richmond, Va.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thadeus Crump			14. MOTHER'S MAIDEN NAME Fannie Taylor		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI		16. SOCIAL SECURITY No. 213-05-4418 ~~unknown~~	17. INFORMANT AND ADDRESS Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) ~~MESENTERIC THROMBOSIS~~ / Embolus to superior mesenteric artery (1/22/51 akc) — 48 hours ?

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) MYOCARDIA L INFARCTION — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Dec. 23, 1950, to Dec. 31, 1950, ~~that I last saw the deceased~~ ~~above~~ and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE Wilber R. Ellis Jr. MD (Degree or title) ADDRESS DATE SIGNED

WILBER R. ELLIS JR., M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF JAN. 3-1951	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. 1/2/51	REGISTRAR'S SIGNATURE H.W. Hedrick Dm	24. FUNERAL DIRECTOR Bernard W. Fink 417 Crain Hwy 22609 Glenbrnie Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11963

38

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH· COUNTY Baltimore, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson, LENGTH OF STAY (in this place) 5 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Presbyterian Home	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) D. (Last) Davies			4. DATE OF DEATH (Month) Dec (Day) 26 (Year) 1950		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10/15/1873	9. AGE last birthday 77 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Park, Pa.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John D. DeRau			14. MOTHER'S MAIDEN NAME Mary A. Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. T. Elliott Towson, Md. Presbyterian Home		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Arterio-Sclerosis & Hypertension	unk.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1950, to Dec 22, 1950, that I last saw the deceased alive on Dec 22, 1950, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	J. M. D.	Towson - Md	12/28/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12/29/1950	NAME OF CEMETERY OR CREMATORY Highland Presbyterian	LOCATION (City, town, or county) (State) Highland, Md.
DATE REC'D BY LOCAL REG. 12/28/50	REGISTRAR'S SIGNATURE H. W. Hedrick Dm	24. FUNERAL DIRECTOR John O. Mitchell & Sons	ADDRESS 1900 Eutaw Place

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11964

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore - 22 - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk. | LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 100 Old North Point Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE as COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ss
STREET ADDRESS (If rural, give location) # 1.

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) FRANCES (Last) DERKA.

4. DATE OF DEATH: (Month) DEC. (Day) 7 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow | 8. DATE OF BIRTH: Oct 27. 1891 | 9. AGE last birthday: 59 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Pepen. Poland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Steve Lamka. | 14. MOTHER'S MAIDEN NAME: Victoria Wooski.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no. | 16. SOCIAL SECURITY NO.: none. | 17. INFORMANT: Hattie Lamka.

260X 1143X 61

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage. — 1 day.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular disease 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus. — 4 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1945 to Dec 7 1950, that I last saw the deceased alive on Dec 7 1950, and that death occurred at 5:05 P m., from the causes and on the date stated above. Dec 7/50

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Louis N. Tallin M.D. 6908 North Point Rd Balto. 19 Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Dec. 11-1950 | NAME OF CEMETERY OR CREMATORY Sacred Heart of Md. | LOCATION (City, town, or county) Balto. Co. | (State) Md.

DATE REC'D BY LOCAL REG. 12/8/50 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR Wm. S. Fiedkowski | ADDRESS 2007 Eastern Ave

JT

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11965

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oella — LENGTH OF STAY (in this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Granite Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Rachael (Last) Diehl
4. DATE OF DEATH: (Month) Dec (Day) 17 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid
8. DATE OF BIRTH: Aug 5 1909
9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: no
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Ira Diehl
14. MOTHER'S MAIDEN NAME: Lydia Richards
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 204-26-8138
17. INFORMANT: Martha Lively

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure
422.1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebrovascular disease
93d
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Dr. Wm. Kieffer MD Attended Eden Baltimore 1010 Leadenhall Dec 17 50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 20 1950 | NAME OF CEMETERY OR CREMATORY Union Cem. | LOCATION (City, town, or county) (State) Mt Connellsburg Fulton Co Pa

DATE REC'D BY LOCAL REG. 12-18-50 | REGISTRAR'S SIGNATURE V E Harry | 24. FUNERAL DIRECTOR J W Sipes | ADDRESS Harrisonville Pa

RECEIVED
DEC 20 1950
U.S. AIR FORCE

MARYLAND STATE DEPARTMENT OF HEALTH

11966

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (In this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ~~1945~~ 1945 Dundalk Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): ~~1945~~ 1945 Dundalk Ave.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) [illegible] (Last) Diggs

4. DATE OF DEATH: (Month) Dec. (Day) 6, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 27, 1890

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schluderberg Kurdle Co.,

10b. KIND OF BUSINESS OR INDUSTRY: Meat (Guard)

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk.

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Mary L. Dean 1945 Dundalk Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Syphilitic cardiovascular disease

022X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

30d

(b) Aneurysm of aorta with rupture, left hemothorax

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William V. Lovett (Degree or title) M.D. ADDRESS: 700 Fleet St., Balto. 2, Md. DATE SIGNED: Dec. 7, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec 9, 1950

NAME OF CEMETERY OR CREMATORY: Meadow Ridge

LOCATION (City, town, or county) (State): Dorsey, Md.

DATE REC'D BY LOCAL REG.: 12/8/50

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Ullrich Funeral Home ADDRESS: 2002 Dundalk Ave.

602X5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11950

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: BALTO. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MD. COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE — LENGTH OF STAY (in this place): House in Prison	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 16 FUSTING AVE.	STREET ADDRESS (If rural, give location): 706 SHADYNOOK CT.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JOHN	F.	DORSEY	12	26	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	WIDOWER	DEC. 15, 1866	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PAPERHANGER-RET.	SELF-EMP.	MD.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH DORSEY	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	—	HOWARD L. DORSEY-706 SHADYNOOK CT.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	5 da.
331 X Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	15 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from 10/24, 1947, to 12/26, 1950, that I last saw the deceased alive on 12/26, 1950, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilmer B. Gallagher	M.D	Catonsville-28, Md.	12/26/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	12-28-50	CATHEDRAL	BALTO.	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-27-50	V E Harry	George A. Farley	Catonsville, Md.

496 11

RECEIVED
DEC 28 1950
BUREAU T. S

11967

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspburg — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) 4 Mc Cormick Ave

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) A (Last) Doyle

4. DATE OF DEATH (Month) Dec (Day) 23 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH June 8 1904

9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent

10b. KIND OF BUSINESS OR INDUSTRY Life Insurance

11. BIRTHPLACE (State or foreign country) Wisconsin

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Doyle

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Mildred Doyle 4 Mc Cormick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163X

Immediate cause (a) Carcinoma of Rt. Lung

47d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10 1950, to Dec 23, 1950, that I last saw the deceased alive on Dec 23, 1950, and that death occurred at 2:15 pm m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Rubin Md. — ADDRESS 203 Patapsco Ave — DATE SIGNED 12/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12/28/50 — NAME OF CEMETERY OR CREMATORY Oak Lawn — LOCATION (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REG. 12/26/50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Ulrich Funeral Home — ADDRESS 2004 Orleans

27480

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11968

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Millers Post Office

3. NAME OF DECEASED (Type or Print): (First) Mrs. Jennie (Middle) Rigney (Last) Dunham
4. DATE OF DEATH: (Month) Dec. (Day) 19, (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Nov 30 1879
9. AGE last birthday: 71 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY: Clergy
11. BIRTHPLACE (State or foreign country): Baltimore Co., Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George L. Rigney
14. MOTHER'S MAIDEN NAME: Lydia S. Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Lochern Frederick G. Arntz 3623 Cedar Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage. — 8 da.

3317 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 10 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/10, 1950, to 12/19, 1950, that I last saw the deceased alive on 12/18, 1950, and that death occurred at 2.20 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
William K. Gallager M.D | Catonsville, Md. | 12/19/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Dec. 21, 1950 | NAME OF CEMETERY OR CREMATORY: Wiseburg | LOCATION (City, town, or county) (State): Baltimore Co., Maryland

DATE REC'D BY LOCAL REG. 12/21/50 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR | ADDRESS: Burgee Funeral Home 3631 Falls Road

V0894

Mr. Gallagher
6209 Frederick Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11969

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 2630 Wentworth Rd.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2630 Wentworth Rd.	STREET ADDRESS (If rural give location): 2630 Wentworth Rd.
MARYLAND — LENGTH OF STAY (in this place): Lifetime	

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	E.	Dunn	Dec	31	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Jan. 11 1877	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	------	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Jannick	Florence Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
----	----	-----	William E. Dunn 2630 Wentworth Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 **Immediate cause**	(a) Coronary Thrombosis	36 hrs.
94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	10 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from March, 1945, to Dec 31, 1950, that I last saw the deceased alive on Dec 31, 1950, and that death occurred at 11.05P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
O'Sullivan MD		6217 Harford Rd	1/3/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 4, 1951	Baltimore Cem.	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-4-51		John A. Moran 1462	3000 E. Baltimore St.

VS. A15

11970

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md.
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural, give location) 1804 Longwood St.

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) Gertrude (Last) Dyer
4. DATE OF DEATH (Month) Dec. (Day) 29, (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 3, 1882
9. AGE last birthday 68 yrs. If under 1 year Months 4 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dept. Store
10b. KIND OF BUSINESS OR INDUSTRY Bookkeeping
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Dyer
14. MOTHER'S MAIDEN NAME Bridgett Muldoon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Marie L. Batz, Garrison, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Trombosis	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arterio Sclerosis	2 years
94a	(c)	Arterial Hypertension	2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19....., to Dec 29, 1950, that I last saw the deceased alive on Dec 25, 1950, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE Dr E E Nichols (Degree or title) ADDRESS Pikesville 8 Md DATE SIGNED 12-31-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 2-1951
NAME OF CEMETERY OR CREMATORY St Charles Cemetery
LOCATION (City, town, or county) Pikesville (State) Md

DATE REC'D BY LOCAL REG. 12-31-50
REGISTRAR'S SIGNATURE Dr E E Nichols
24. FUNERAL DIRECTOR Frank H Newell ADDRESS Pikesville

21063

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1951

MARYLAND STATE DEPARTMENT OF HEALTH

11971

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 242 N. Rolling Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) 242 N Rolling Rd

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Deyke

4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 19 50

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 5. 1891

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Thurs Fish & Fine

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leland Deyke — Contractor

14. MOTHER'S MAIDEN NAME: Jane Lyon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Jack L Deyke 3316 Brighton Rd Balto 16 — Jane L Deyke wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
976x	Immediate cause	(a) Gun shot wound in head	
164 C	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 22 Caliber rifle	
		(c) suicide	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Shot into mouth.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home — (CITY OR TOWN): Woodlawn — (COUNTY): Balto — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 31 50 11:30 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Shot himself in head with rifle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Leo M. Kieffer M.D. — ADDRESS: 1010 Leadenhall Balto — DATE SIGNED: Dec 31 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 3 1951 — NAME OF CEMETERY OR CREMATORY: Woodlawn — LOCATION (City, town, or county) (State): Woodlawn Md

DATE REC'D BY LOCAL REG. 1/3/50 — REGISTRAR'S SIGNATURE: H.D. Hedrick — 24. FUNERAL DIRECTOR: Wm J Tuttle & Sons — ADDRESS: Balto Md

DM

30809

VS. A15A

11972

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore - 19 - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point. LENGTH OF STAY (in this place) 10.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 347-A · DENTON AV.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE as COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN m
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) ELIAS (Last) EBERWEIN -
4. DATE OF DEATH (Month) DEC - (Day) 13 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED.
8. DATE OF BIRTH DEC. 27. 1868
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK.
10b. KIND OF BUSINESS OR INDUSTRY FOOD CANNING
11. BIRTHPLACE (State or foreign country) BALTIMORE - MD
12. CITIZEN OF WHAT COUNTRY? U.SA

13. FATHER'S NAME WILLIAM FREDERICK EBERWEIN
14. MOTHER'S MAIDEN NAME CATHERINE HINKEL.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-05-1489
17. INFORMANT EMMA MEYERS.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ~~[illegible]~~ CHRONIC INTERSTITIAL NEPHRITIS DUE TO. — INTERVAL BETWEEN ONSET AND DEATH 3 1/2 wks

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROSIS. — 10 yrs.

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1950, to Dec 13, 1950, that I last saw the deceased alive on Dec. 13, 1950, and that death occurred at 10 15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Pollin. M.D. 6908 NORTH POINT RD BALTO-19 - DEC. 13. 1950

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 12-16-50
NAME OF CEMETERY OR CREMATORY BALTIMORE CEM.
LOCATION (City, town, or county) (State) E. NORTH AV. BALTO. MD.

DATE REC'D BY LOCAL REG. 12-14-50
REGISTRAR'S SIGNATURE L
24. FUNERAL DIRECTOR Charles S. Zeiler ADDRESS 901 S. CONKLING ST. BALTO. 24, MD.

266 x 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11973

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4 4

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 54 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 18
STREET ADDRESS (If rural, give location) 14 Wendover Road

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) R. (Last) EDEL
4. DATE OF DEATH (Month) December (Day) 26 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8-1-93
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Food
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel Edel
14. MOTHER'S MAIDEN NAME Sarah Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF PANCREAS WITH METASTASES TO LYMPH NODES, KIDNEYS AND LUNGS	1 YEAR
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

157x
46cy

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 1950, to Dec. 26, 1950, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXXX 19XXX~~, and that death occurred at 8:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul Padget
PAUL PADGET, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 12-27-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-29-50
NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12-28-50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS Stewart & Mowen Funeral Home 108 W. North Avenue, Baltimore, Md.

15661

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

Evidence for year of birth shown on Film G130 1/4/50 dm. Affidavit.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11974

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Pines Nursing Home 16 Fusting Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 509 Mace Avenue

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) A. (Last) Ehrman
4. DATE OF DEATH: (Month) December (Day) 5, (Year) 1950

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 19, 1888 1889
9. AGE last birthday: 61 60 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Clerk - Traffic Division
10b. KIND OF BUSINESS OR INDUSTRY: Moore McCormick
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Ehrman
14. MOTHER'S MAIDEN NAME: Ellen Mahlia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Alberta Sabatino, 219 Beaumont Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Ca to Cerebrum — 1 mo.

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46 2 (b) Metastatic Ca of Liver + Intestines — 6 mo.

(c) Adeno-Carcinoma of Colon — 2 1/2 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 1949 + Sept 1950
19b. MAJOR FINDINGS OF OPERATION: Ca of Colon '49. Metastatic Ca Liver + Intestines Sept '50
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10, 1950, to 12-5, 1950, that I last saw the deceased alive on 12-5, 1950, and that death occurred at 7.15 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Melvin K. Gallagher M.D. Catonsville-28, Md. 12-5-50

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE: 12/9/50
NAME OF CEMETERY OR CREMATORY: Western
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 12/6/50
REGISTRAR'S SIGNATURE: A W Hedman
24. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

JT

26660

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11975

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House In Pines 16 Fisting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 408 Normandy Ave.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) A. (Last) Engel

4. DATE OF DEATH: (Month) 12/11/50 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: April 4, 1881

9. AGE last birthday: 69 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hundertmark

14. MOTHER'S MAIDEN NAME: Julia ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Grace Engle, 408 Normandy Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) generalized carcinomatosis — 3 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of vulva — 2

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION: May 1950

19b. MAJOR FINDINGS OF OPERATION: Ca of vulva

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED Whilo at Work ☐ Not Whilo At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/8, 1949, to 12-11, 1950, that I last saw the deceased alive on 12-11, 1950, and that death occurred at 9:20 A m., from the causes and on the date stated above.

SIGNATURE: H. W. Scheye (Degree or title) M.D. ADDRESS 3921 Edmondson Ave. DATE SIGNED 12-12-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/14/50	Western, Edmondson Ave.	& Longwood St. Balto.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/13/50	A. W. Hedrick	Harry A. Wright	4101 Edmondson Ave.

JT

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11976

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk 22 — LENGTH OF STAY (in this place): 36 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 69 Dundalk Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Jane (Last) Everist.
4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1950

5. SEX: Fem.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct 6/1870
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hoofe.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Bailey
14. MOTHER'S MAIDEN NAME: Frances Shaffar.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Catherine Sullivan.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442x Immediate cause (a) Cardio vascular, renal — Over 10 yrs.

Antecedent cause(s) disease

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1918, to Dec 4, 1950 that I last saw the deceased alive on Dec 3, 1950 and that death occurred at 3:25 p.m., from the causes and on the date stated above.

SIGNATURE: W. McCormick (Degree or title) M.D. — ADDRESS: 88 Baltimore Ave Dundalk 22 Md. — DATE SIGNED: 12/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12/7/50 — NAME OF CEMETERY OR CREMATORY: Balto Cem — LOCATION (City, town, or county): Balto (State)

DATE REC'D BY LOCAL REG.: 12/5/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: Ullrich Funeral Home 2412 Dundalk — ADDRESS

VT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11977

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleborough
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleborough
STREET ADDRESS (If rural give location) Sasafrasas Rd Box 156 Rt 13

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) A. (Last) Fader

4. DATE OF DEATH (Month) 12 (Day) 27 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Oct 12-1888
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sea food dealer
10b. KIND OF BUSINESS OR INDUSTRY Retail food Dealer
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles W Fader
14. MOTHER'S MAIDEN NAME Minie Barr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT James. Fader

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion —

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W B Davis MD (Degree or title) Dep. Med Exam. ADDRESS Dundalk 22 Md DATE SIGNED 12/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 30-1950
NAME OF CEMETERY OR CREMATORY Balto Cemetery
LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. 12-28-50
REGISTRAR'S SIGNATURE R.W. Hedrick
24. FUNERAL DIRECTOR J J Bruzdzinski ADDRESS 1407 Eastern Ave

Dm

156 VI

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

11978

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT
LENGTH OF STAY (in this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2906 DELMAR AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT
STREET ADDRESS (If rural, give location) 2906 DELMAR AVE.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) ANTHONY FEOLA
4. DATE OF DEATH (Month) (Day) (Year) DEC. 6 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JUNE 13, 1908
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PIPE COVERER
10b. KIND OF BUSINESS OR INDUSTRY BETH STEEL
11. BIRTHPLACE (State or foreign country) RANKIN, PA.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME PASQUALE FEOLA
14. MOTHER'S MAIDEN NAME CAROLINE NOBILE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN
16. SOCIAL SECURITY NO. 213-09-1960
17. INFORMANT MRS. LENA FEOLA 2906 DELMAR AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	—
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Luetic Aortitis	—
	(c)	

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30d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. V. Davis MD Dep. Med. Exam. Dundalk, Md 12/8/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF DEC. 9, 1950
NAME OF CEMETERY OR CREMATORY SACRED HEART OF MARY
LOCATION (City, town, or county) (State) BALTO CO., MD

DATE REC'D BY LOCAL REG. DEC. 8-50
REGISTRAR'S SIGNATURE Dawson L. Harbor
24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME ADDRESS DUNDALK MD.

496 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
DEC 12 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11979

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Sparrows Point MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1001 J. St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural, give location) 1001 J. Street

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) Cornelius (Last) Fitzhugh

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 26 1885

9. AGE last birthday: 65 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co. RR div.

11. BIRTHPLACE (State or foreign country): Calverton Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wesley Fitzhugh

14. MOTHER'S MAIDEN NAME: Rosella Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-10-9500

17. INFORMANT AND ADDRESS: Rosella Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: ? unk.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11.13, 1950, to 12.27, 1950 that I last saw the deceased alive on 12/24, 1950, and that death occurred at 4:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 12.29.50

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: Jan 31/50

NAME OF CEMETERY OR CREMATORY: Mount Pleasant

LOCATION (City, town, or county) (State): Calverton Va.

DATE REC'D BY LOCAL REG. 1/28/50

REGISTRAR'S SIGNATURE: C. W. Fedrick

24. FUNERAL DIRECTOR ADDRESS: Wm. H. H. C. Elliott & Daughter 1297 N. Caroline St

VS 415

11980

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7228 Holabird Ave.	STREET ADDRESS (If rural give location) 7228 Holabird Ave.

3. NAME OF DECEASED (Type or Print)	(First) George	(Middle) W.	(Last) Frederick	4. DATE OF DEATH	(Month) Dec.	(Day) 8,	(Year) 1950
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH June 30, 1886	9. AGE last birthday 64 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler maker	10b. KIND OF BUSINESS OR INDUSTRY Standard Oil Co	11. BIRTHPLACE (State or foreign country) Baltimore Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME not known	14. MOTHER'S MAIDEN NAME Elizabeth Heinz						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 215-05-5152	17. INFORMANT Mary M. Frederick 7228 Holabird Ave.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
560.4	Immediate cause	(a) myocarditis, acute	2 days
93a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Herniation of stomach & transverse	
		(c) colon into thoracic cavity (congenital)	64 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June, 1949, to Dec 8, 1950, that I last saw the deceased alive on Dec 7, 1950, and that death occurred at 7 15 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
David H. Andrew	M D	33 Dundalk Ave	Dundalk Md	Dec 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12/11/50	NAME OF CEMETERY OR CREMATORY Schwartz's	LOCATION (City, town, or county) Baltimore	(State) Md.
DATE REC'D BY LOCAL REG. 12-11-50	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Clarence P. Hoffman	ADDRESS 1639 Broadway	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Andrews 33 Dundalk Ave

mw

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11981

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
LENGTH OF STAY (In this piece) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 16 Dixie Drive

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Gaertner

4. DATE OF DEATH (Month) Dec. (Day) 1 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 3-4-1875

9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boat builder

10b. KIND OF BUSINESS OR INDUSTRY Boats-retired

11. BIRTHPLACE (State or foreign country) New York, N. Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Gaertner

14. MOTHER'S MAIDEN NAME Anna Marie Spaeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. A043-03-8889

17. INFORMANT Ruth Marie Hill-Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812.5 Immediate cause (a) Fractured skull & crushed rt. chest — INTERVAL BETWEEN ONSET AND DEATH: Instant

170 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) (COUNTY) (STATE) Randallstown, Balto., Maryland

TIME OF INJURY (Month) Dec. (Day) 1 (Year) '50 (Hour) 5:25 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Struck by car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE D. D. Caples (Degree or title) Depty. Med. Exam. M.D. ADDRESS Reisterstown, Md. DATE SIGNED Dec. 1, '50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF 12-2-'50

NAME OF CEMETERY OR CREMATORY Loudon Pakr

LOCATION (City, town, or county) (State) Frederick Rd., Balto., Md.

DATE REC'D BY LOCAL REG. 12-2-50

REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR Frank H. Newell ADDRESS

30840

RECEIVED
DEC 7 1950
U.S.

Evidence for addition in #18 shown on: FILM No. G 130 JAN 26 1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11982

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Found Back River Sewage — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Disposal Plant, Essex, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 937 Eutaw St.

3. NAME OF DECEASED (Type or Print): (First) JACK (Middle) (Last) GAITHER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 18, 1950 19

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 22, 1916

9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Gaither

14. MOTHER'S MAIDEN NAME: Maggie Giles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 250-07-8846

17. INFORMANT: Mrs. Maggie Gaither 937 N. Eutaw St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9293 **Immediate cause** (a) Asphyxia due to drowning

183 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fell in the moat around filtration bed and drowned (1/26/51 akc)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Back River Sewage Disposal Plant, Essex, Md.-Balto. Co. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Found Dec. 18, 1950 ? m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Found drowned at Back River Sewage Disposal Plant

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Stanley K. Duncachen (Degree or title) M.D. ADDRESS: 700 Fleet St., Baltimore 2, Maryland DATE SIGNED: Dec. 28, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-22-50 — NAME OF CEMETERY OR CREMATORY: Mt. Auburn — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 12-21-50 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Mrs. Frances Hemsley — ADDRESS: 578 N. Biddle St.

DTM-WW

98899

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11983
Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville (Rural) | LENGTH OF STAY (in this place) 84
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville (Rural)
STREET ADDRESS (If rural give location) Ivy Hill Road

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Gartline

4. DATE OF DEATH (Month) Dec. (Day) 20 (Year) 19 50

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH March 20 1866 | 9. AGE last birthday 84 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Farmer (Owner) | 11. BIRTHPLACE (State or foreign country) Baltimore County | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ferdinand Gartling | 14. MOTHER'S MAIDEN NAME Margaret Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mrs Hilda Gartling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Insufficiency - General Anasarca — 1 week

410 X Antecedent cause(s)

92b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral Insufficiency

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1950, to Dec 20, 1950 that I last saw the deceased alive on Dec 20, 1950, and that death occurred at 11.45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
R. C. Sellman M.D. | 600 Baltimore Ave. Towson 4, Md | Dec 20 1950

23. BURIAL, CREMATION ~~REMOVAL (Specify)~~ | DATE Dec. 23, 1950 | NAME OF CEMETERY OR CREMATORY Grace | LOCATION (City, town, or county) (State) Falls Rd., Chestnut Ridge Md.

DATE REC'D BY LOCAL REG. 12/20/50 | REGISTRAR'S SIGNATURE Wm. J. Schilcoat | 24. FUNERAL DIRECTOR ADDRESS Landon M. Brooks, Sparks, Md.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11984

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Windsor Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 7. Md
STREET ADDRESS (If rural, give location) Windsor Mill Rd

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) Maria (Last) Gompf
4. DATE OF DEATH (Month) Dec (Day) 19 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 25 1863
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home duties
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Baltimore Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Adam Frederick Sieck
14. MOTHER'S MAIDEN NAME Elizabeth Wilker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mrs Minna Ehrhardt Balto 7.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Arterio Sclerosis	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Chronic Myocarditis	?
	(c)		

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Several Yrs 19 to Dec 19, 1950, that I last saw the deceased alive on Dec 19, 1950, and that death occurred at 830 P.m., from the causes and on the date stated above.

SIGNATURE E. C. Nichols (Degree or title) MD ADDRESS Pikesville 8 Md DATE SIGNED 12-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 22, 1950
NAME OF CEMETERY OR CREMATORY St. Paul Cemetery
LOCATION (City, town, or county) (State) Violetville, Baltimore, Md.

DATE REC'D BY LOCAL REG. 12-21-50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. Willis Lamoreau
ADDRESS 4510 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11985

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md.
LENGTH OF STAY (in this place) 6 yrs. 6⅔mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St. Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Owings Mills, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leonard	Edward	Griest	Dec.	7	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	single	1-8-41	9 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore City.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Leonard S. Griest
14. MOTHER'S MAIDEN NAME Jeannette Jennie Cohen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Rosewood St. Tr. School, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Status Epilepticus	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Spastic quadriplegia with symptomatic epilepsy - since birth.	
	(c)	

353.2
85

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-22, 19 44, to 12-7, 19 50, that I last saw the deceased alive on 12-7, 19 50, and that death occurred at 9 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry B. Burke M.D.
ADDRESS Rosewood St. Tr. School, Owings Mills, Md.
DATE SIGNED 12-7-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/11/50	Mt. Olivet Cemetery	2930 Frederick Rd. Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
December 9th 1950	R.W.	Harry H. Weitzel	4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11986

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex — LENGTH OF STAY (in this place): 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 607 Va ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 607 Virginia Ave

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) W. (Last) Grimes
4. DATE OF DEATH: (Month) 12 (Day) 20 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Apr 27/1866
9. AGE last birthday: 84 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Westminster Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Grimes
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Fannie Wittstadt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio-Vascular disease — approx - 2 years

443X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December, 1950, to Dec. 20, 1950, that I last saw the deceased alive on Dec 20, 1950, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joseph Robert Liberto

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12/23/50 — NAME OF CEMETERY OR CREMATORY: Meadow Branch — LOCATION (City, town, or county) (State): Westminster Md

DATE REC'D BY LOCAL REG.: 12/22/50 — REGISTRAR'S SIGNATURE: Ha Hedrick — 24. FUNERAL DIRECTOR: Philip Herwig Sons — ADDRESS: Orleans St 2024

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Liberto
3508 Bank St.

11987

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — 22 Elinor Ave. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore | LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Osler

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: - Baltimore
STREET ADDRESS (If rural, give location): 4110 White Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) (Last) Grimmel
4. DATE OF DEATH: (Month) Dec. (Day) 26, (Year) 1950 19

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Aug. 11, 1881
9. AGE last birthday: 69 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Bachman
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Ruth Hanna, Dght., 22 Elinor Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1950, to Dec 26, 1950, that I last saw the deceased alive on Dec 26, 1950, and that death occurred at 2:45 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: 1123 St Paul St DATE SIGNED: 12/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 29, 1950 | NAME OF CEMETERY OR CREMATORY: Baltimore | LOCATION (City, town, or county) (State): North Ave. & Rose St. Balto. Md

DATE REC'D BY LOCAL REG.: 12/27/50 | REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. | ADDRESS: 2601-3-5 E. Madison St.

11988

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville — LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Offutt Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Phoenix
STREET ADDRESS (If rural, give location): Jarretsville, Road.

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) (Last) Hannibal

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 22, 1866
9. AGE last birthday: 84 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: (unknown) Schultz
14. MOTHER'S MAIDEN NAME: (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): None
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Arthur Hannibal — Phoenix, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334x Immediate cause (a) Cerebral sclerosis — 4-5 yrs.

Antecedent cause(s)

87d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis - generalized — years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1950, to Dec 14, 1950, that I last saw the deceased alive on Dec 8, 1950, and that death occurred at 3:15a m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Sherrill (Degree or title), M.D. — ADDRESS: Cockeysville, Md. — DATE SIGNED: 12/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Dec. 17, 1950 — NAME OF CEMETERY OR CREMATORY: Jacksonville Rfeormed Cem. — LOCATION (City, town, or county) (State): Jacksonville, Balto. Co., Md.

DATE REC'D BY LOCAL REG.: 12/15/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland — ADDRESS

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NAME: Affidavit of wife filmed 3-16-51 G131 L

11989

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bird River Rd
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bird River Rd. Balto Co

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bird River Rd
STREET ADDRESS (If rural give location) Bird River Rd Balto 20 Md

3. NAME OF DECEASED (Type or Print) (First) Christian (Middle) Franklin (Last) Hawkins (ALSO KNOWN AS FRANK C. HAWKINS)

4. DATE OF DEATH (Month) Dec (Day) 13 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 22-1886
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationery Engineer
10b. KIND OF BUSINESS OR INDUSTRY Glen L Martin Co
11. BIRTHPLACE (State or foreign country) Balto. Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Geo. W Hawkins
14. MOTHER'S MAIDEN NAME Annie Schultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-20-1819
17. INFORMANT Mrs. C. F. Hawkins. Bird River Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Nephro-sclerosis	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic Cardio-vascular disease	6 yrs
	(c)	

442x
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to Dec 13, 1950 that I last saw the deceased alive on Dec 13, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J M Baumgardner MD. Balto 6 Md 12-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/16/50
NAME OF CEMETERY OR CREMATORY Zion Luth Cem
LOCATION (City, town, or county) (State) Golden Ring Rd Balto Co Md

DATE REC'D BY LOCAL REG. December 16, 1950
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR Lassahn Funeral Home 7401 Belair Rd Balto Co Md ADDRESS

35638

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11990

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place) Tyre
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5719 - 1st ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) (Last) Heil
4. DATE OF DEATH (Month) Dec (Day) 14 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH June 14, 1868
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Philip Fitzpatrick
14. MOTHER'S MAIDEN NAME Catherine Devine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Miss Theresa Miller 5719 - 1st ave Halethorpe Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Insuff — 2 mo

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis — 5 yrs

122a (c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diaphragmatic Hernia Life

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Dec 14, 1950, that I last saw the deceased alive on Dec 19, 1950, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr B B Brumbaugh ADDRESS 5609 main st Elkridge, Md. DATE SIGNED 12/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-18-50
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 12/15/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR George L. Schwab ADDRESS 2101 Frederick Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11991

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 337 Rosebank Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
STREET ADDRESS (If rural, give location) 337 Rosebank Rd.

3. NAME OF DECEASED (Type or Print) (First) MARTIN (Middle) (Last) HEPNER
4. DATE OF DEATH (Month) Dec. (Day) 25 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Mar. 30-1881
9. AGE last birthday 69 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker
10b. KIND OF BUSINESS OR INDUSTRY Cemetary
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Martin Hepner
14. MOTHER'S MAIDEN NAME Elizabeth Borach
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Marion S. Hepner 323 S. Durham St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY THROMBOSIS	1 day
420.1 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC C.V. DISEASE	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Dec 24, 1950, that I last saw the deceased alive on Dec 24, 1950, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE Stephen C. Mackoviale (Degree or title) ADDRESS 6714 Holabird Ave DATE SIGNED Dec 25, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Dec 27-50 | NAME OF CEMETERY OR CREMATORY Holy Rosary | LOCATION (City, town, or county) Balto. Co. (State) Md.

DATE REC'D BY LOCAL REG. 12/26/50 | REGISTRAR'S SIGNATURE H.W. Heduck | 24. FUNERAL DIRECTOR Wm. S. Fialkowski | ADDRESS 2007 Eastern Ave

Dry

866VV

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11992

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay; LENGTH OF STAY (in this place) 47 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5125 Rolling Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Relay; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay; STREET ADDRESS (If rural, give location) 5125 Rolling Road

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Everett (Last) Herold

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 11th., 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 17, 1865

9. AGE last birthday: 85 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationer

10b. KIND OF BUSINESS OR INDUSTRY: B.&O. R. R.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Herold

14. MOTHER'S MAIDEN NAME: Margaret Hahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Lucile Herold 5125 Rolling Road,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolus & Left Hemipliga — Interval between onset and death: 3 Weeks

332x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arterio Sclerosis — 5 Years

83 b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Insuff. Senility — 5 Years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to Dec. 11th, 1950, that I last saw the deceased alive on Dec. 11th, 1950, and that death occurred at 3.40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr B B Brumbaugh ADDRESS 1609 main st Elkridge 27 md DATE SIGNED 12/11/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 14 1950

NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery

LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG. 12/13/50

REGISTRAR'S SIGNATURE A. W. Hudson

24. FUNERAL DIRECTOR: Gilles Lamoreau ADDRESS 4519 Liberty Heights Av. Baltimore, Md

VS. A15

446 47

DR Bacon - 2810 Taylor Ave.

47-127

11993

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Indian Head Maryland

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) E. (Last) Higdon
4. DATE OF DEATH (Month) (Day) (Year) 12 - 23 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Seperated
8. DATE OF BIRTH July 1st 1875
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Government employee
10b. KIND OF BUSINESS OR INDUSTRY Attendant
11. BIRTHPLACE (State or foreign country) Pisgah Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Higdon
14. MOTHER'S MAIDEN NAME Mary Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Personal History-Hosptial Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Plomonary Tuberculosis

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b (c)

INTERVAL BETWEEN ONSET AND DEATH: Onset 1944

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1911 to Dec 23, 1950, that I last saw the deceased alive on Dec 23, 1950, and that death occurred at 11:55 p.m. m., from the causes and on the date stated above.

SIGNATURE William A Bridges (Degree or title) ADDRESS M.D., Eudowood Sanatorium, Towson 4, Maryland DATE SIGNED 12-23-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 12-24-50
NAME OF CEMETERY OR CREMATORY Washington D.C.
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 12/24/50
REGISTRAR'S SIGNATURE A. M. Bacon
24. FUNERAL DIRECTOR W. W. Chambers Sr.
ADDRESS 14th & Chapin Sts Wash. D.C.

49697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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11994

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 345 EUDOWOOD LANE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural give location) 345 EUDOWOOD LANE

3. NAME OF DECEASED (Type or Print) (First) HARRIETT (Middle) J. (Last) Hill

4. DATE OF DEATH (Month) (Day) (Year) 12-19-50. 19

5. SEX FEMALE
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH 1891
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC
10b. KIND OF BUSINESS OR INDUSTRY PRIVATE
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ADOLPHUS JACKSON
14. MOTHER'S MAIDEN NAME CORA HARRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT JAS. JACKSON - 345 EUDOWOOD LANE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a

(c)

INTERVAL BETWEEN ONSET AND DEATH: 7 days.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1950, to Dec. 19, 19....., that I last saw the deceased alive on Dec 19, 1950, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis A Johnson M.D. ADDRESS 2329 [illegible] DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 12/22/50
NAME OF CEMETERY OR CREMATORY PLEASANT REST
LOCATION (City, town, or county) (State) TOWSON, MD.

DATE REC'D BY LOCAL REG. 12/22/50
REGISTRAR'S SIGNATURE A. W. [illegible]
24. FUNERAL DIRECTOR Wm. A. JACKSON - 916 PENNA. AVE. ADDRESS BALTO. 1, MD.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11995

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville | LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8 Irving Place

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
STREET ADDRESS (If rural give location): 8 Irving Place

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Jane (Last) Hitchcock

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Feb. 19, 1896 | 9. AGE last birthday: 54 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert J. Magee | 14. MOTHER'S MAIDEN NAME: Mary E Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT: Mr. Albert W Hitchcock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x

Immediate cause (a) Hypertensive cardiovascular disease — Interval between onset and death: 3 yrs.

260x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

61

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, mild

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to 14 Dec, 1950, that I last saw the deceased alive on 13 Dec, 1950, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

SIGNATURE: Paul K Royer | (Degree or title) M.D. | ADDRESS: Pikesville 8 Md | DATE SIGNED: 14 Dec 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/18/1950 | NAME OF CEMETERY OR CREMATORY: Druid Ridge | LOCATION (City, town, or county) (State): Pikesville Maryland

DATE REC'D BY LOCAL REG.: December 16 1950 | REGISTRAR'S SIGNATURE: R. W. | 24. FUNERAL DIRECTOR ADDRESS: John T Stansbury 2700 Edmondson Ave.

1795 Dorchester Rd

11996

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harlem Lodge	STREET ADDRESS Harlem Lane (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Virginia S. Hobbs (Middle) (Last)			4. DATE OF DEATH (Month) Dec. 17, (Day) 1950 (Year) 19	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH about 1866	9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Carlisle, Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME James W. Smiley		14. MOTHER'S MAIDEN NAME ? Green		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Robert Slingluff		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure — 2 days

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Insufficiency — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5, 1948, to 12/17, 1950, that I last saw the deceased alive on 12/15, 1950, and that death occurred at 5:10A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. K. Williamson II MD 3534 Edmondson Balto MD 12/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 12/21/50	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Carlisle, Pa.
DATE REC'D BY LOCAL REG. 12/19/50	REGISTRAR'S SIGNATURE G. W. Hedrick JT	24. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc. — ADDRESS 1900 Eutaw Place Baltimore	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11997

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balt, 20 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rte Balt. | LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md, COUNTY Balt. 20
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balt 20
STREET ADDRESS (If rural, give location) Sunnyside Lane

3. NAME OF DECEASED (Type or Print): (First) John (Middle) T. (Last) Hagg

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1950

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: Sept. 25-1887 | 9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper hanger | 10b. KIND OF BUSINESS OR INDUSTRY: Paper Hanger | 11. BIRTHPLACE (State or foreign country): Pa | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm H Hagg | 14. MOTHER'S MAIDEN NAME: Alice Haraka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs J. T. Hagg, Sunnyside Lane #3 R16 Balto 21 md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (422.1 93d)	(b) ASHD, generalized arteriosclerosis,	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Wa., 19 50, to present, 19..., that I last saw the deceased alive on 12/18/, 19 50, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph Cameron MD | ADDRESS 30 Chandelle Rd. | DATE SIGNED 12/18/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/20/50 | NAME OF CEMETERY OR CREMATORY Schwartz C-M | LOCATION (City, town, or county) Balto city | (State) Md

DATE REC'D BY LOCAL REG. 12-19-50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Lansdale Funeral Home | ADDRESS 1401 Belair Rd Balto Co Md

49611

11998

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockdale Terrace Baltimore 7, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Randallstown,
STREET ADDRESS (If rural give location) Rockdale Terrace, Balto. 7, Md.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Tobias (Last) Hohman

4. DATE OF DEATH (Month) Dec. (Day) 29 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH Aug 1, 1868
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer owner
10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (State or foreign country) Hebbville, Balto. Co., Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Nathanial Hohman
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Elsie Hohman - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral arteriosclerosis — 10 years

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1947, to 29 Dec., 1950, that I last saw the deceased alive on 29 Dec., 1950, and that death occurred at 10:35 P m., from the causes and on the date stated above.

SIGNATURE Charles H. Williams M.D. (Degree or title) ADDRESS Pikesville 8, Md. DATE SIGNED 29 Dec. 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/2/51
NAME OF CEMETERY OR CREMATORY Mt. Olive
LOCATION (City, town, or county) Randallstown (State) Md

DATE REC'D BY LOCAL REG. 1/2/51
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR F. G. Wippert & Son 1300 Eutaw Pa.
ADDRESS

2CL 000 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Rev. Combs.

Tues. @ 2. P.M.

1/3 [illegible]

11999

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beth Steel Dispensary	STREET ADDRESS (If rural, give location) 522 S. 48th St. - 2 mi NE

3. NAME OF DECEASED (Type or Print)	(First) HARRY	(Middle) —	(Last) HOLTHAUS	4. DATE OF DEATH	(Month) 12 - (Day) 30 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Dec 18-1888	9. AGE last birthday 62 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Steel Mill	11. BIRTHPLACE (State or foreign country) Baltimore Md	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Henry Holthaus	14. MOTHER'S MAIDEN NAME Matilda Fischer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY No. 213-07-8885	17. INFORMANT Edith Irene Holthaus			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio-Vascular

93d (c) Disease — 10 yr —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W B Davis MD	Dept. Med. Exam.	Dundalk-22-Md.	12/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Jan 2. 1951	NAME OF CEMETERY OR CREMATORY Oaklawn	LOCATION (City, town, or county) Balto - Co	(State) Md
DATE REC'D BY LOCAL REG. 1-2-50	REGISTRAR'S SIGNATURE H. W. Heduck	24. FUNERAL DIRECTOR Mr & Mrs. John H. Teufel & Son	ADDRESS 5311 Edmondson Ave	

32629

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

12000

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Court Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) Old Court Rd.

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) L. (Last) Humphreys

4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct. 15-1864

9. AGE last birthday: 86 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Howard Co. Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cornelius Cavey

14. MOTHER'S MAIDEN NAME: Alice Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Robert H. Dalcour - Pikesville 8, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gangrene R. leg — Interval between onset and death: 2 wks

450.1 / 97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1/, 1950, to 12/14/, 1950, that I last saw the deceased alive on 12/13/, 1950, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Wm. E. Martin, M.D. — Randalletown — 12/15/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 12/16/50 | NAME OF CEMETERY OR CREMATORY: Druid Ridge | LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 12/15/50 | REGISTRAR'S SIGNATURE: Wm. E. Martin

24. FUNERAL DIRECTOR: Frank H. Yewell — ADDRESS: Pikesville, 8, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 405 Poplar Grove St

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) I (Last) HOUST

4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10-18-86

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad work retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Robert Henry Houst

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Clinical Records, Vets.Adm.Hosp.Ft.Howard,Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage of Middle Cerebral Artery Left	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	unknown
443X 93d	(c) Hypertensive Cardiovascular Disease	4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Dec.19, 1950, to Dec.24, 1950, ~~that I last saw the deceased alive on 10~~, and that death occurred at 2:50A m., from the causes and on the date stated above.

SIGNATURE: HAROLD GABEL, M.D. (Degree or title) ADDRESS: VAH FT. HOWARD, MD. Harold Gabel DATE SIGNED: 12-24-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/27/50 — NAME OF CEMETERY OR CREMATORY: Balto. National Cemetery — LOCATION (City, town, or county) (State): 5501 Frederick Ave.Balto.Md.

DATE REC'D BY LOCAL REG.: 12/26/50 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: Thos. J. Kenny Inc. 1600 Hollins St.Balto.

49647

12002

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1809 Penrose Avenue

3. NAME OF DECEASED (Type or Print) (First) RAYMOND (Middle) C. (Last) HYLAND
4. DATE OF DEATH (Month) December (Day) 5 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-12-89
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer
10b. KIND OF BUSINESS OR INDUSTRY Dept. Store
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Hyland
14. MOTHER'S MAIDEN NAME Mary Hardy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 218-01-3965
17. INFORMANT AND ADDRESS Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA, RIGHT MANDIBLE WITH METASTASIS	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GANGRENE, THIRD TOE, RIGHT FOOT	Unknown
	(c)	

196X

45d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Nov. 27, 1950, to Dec. 5, 1950, ~~that I last saw the deceased~~ ~~alive on~~ and that death occurred at 3:15 A m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED
PAUL PADGET, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 12-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/8/50
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. 12/6/50
REGISTRAR'S SIGNATURE A. W. Heduck
24. FUNERAL DIRECTOR ADDRESS Frank J. Cowan 901 Hollins Street Baltimore, Maryland

44663

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

12003

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 21 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS #4 DUNKIRK APTS.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) #4 DUNKIRK APTS.

3. NAME OF DECEASED (Type or Print) (First) WILFRID (Middle) (N.M.I.) (Last) INGHAM

4. DATE OF DEATH (Month) DEC. (Day) 3 (Year) 1950

5. SEX M.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH 1/2/1891

9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY AERONAUTICAL

11. BIRTHPLACE (State or foreign country) BLACKPOOL, ENGLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ALFRED INGHAM

14. MOTHER'S MAIDEN NAME ISABELLA LAWSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 220-05-1261

17. INFORMANT MYRTLE INGHAM — WIFE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) Dep Med Exam ADDRESS Dundalk, Md DATE SIGNED 12/6/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF 12/7/1950

NAME OF CEMETERY OR CREMATORY OAK LAWN

LOCATION (City, town, or county) (State) BALTO. CO., Md.

DATE REC'D BY LOCAL REG. Dec 6 1950

REGISTRAR'S SIGNATURE William M. Kelly Jr.

24. FUNERAL DIRECTOR Walter Brooks Bradley, Dundalk, Md. ADDRESS

V2238

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 7 1950
KEAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12004

CERTIFICATE OF DEATH

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 18 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Caroline (Middle) — (Last) Jaeger

4. DATE OF DEATH: (Month) December (Day) 8 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 12, 1863

9. AGE last birthday: 88 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Cook

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Geo. P. Jaeger - Marriottsville, Md.

260+

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerosis, generalized	Unknown
	(c)	

450.0
61

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diabetes mellitus — Unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 27, 1950, to Dec 8, 1950, that I last saw the deceased alive on Dec 6, 1950, and that death occurred at 4:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Stephen Lea Surgeon MD | Catonsville 28 Md | 12-8-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-11-50 | NAME OF CEMETERY OR CREMATORY: Springfield | LOCATION (City, town, or county) (State): Hyattsville, Md.

DATE REC'D BY LOCAL REG.: Dec. 10, 1950 | REGISTRAR'S SIGNATURE: Victor E. Haney | 24. FUNERAL DIRECTOR ADDRESS: C. H. Wurr - Hyattsville, Md.

Mrs. Jaques

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12005

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 36 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETS.ADM.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) H. (Last) JEFFERSON

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 8-8-76

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Michaels, Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joseph Jefferson

14. MOTHER'S MAIDEN NAME: Sussana Tarbutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): SPA

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Clinical Rec. Vets.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic nephrosclerosis	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

446 X
47c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis generalized
Bronchogenic Carcinoma, lt. — unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Nov. 6, 1950, to Dec. 13, 1950, ~~that I last saw the deceased~~ and that death occurred at 1:08 P m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) M.D. ADDRESS VAH FORT HOWARD, Md. DATE SIGNED 12-13-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF — NAME OF CEMETERY OR CREMATORY: Olive Cemetery — LOCATION (City, town, or county) (State): St. Michaels Md.

DATE REC'D BY LOCAL REG. 12/14/50 — REGISTRAR'S SIGNATURE A. W. Hellick

24. FUNERAL DIRECTOR ADDRESS: Norman D. Marshall St. Michaels Md.

162+

VT

90041

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12006

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: BALTIMORE
City or town: CATONSVILLE
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
PARADISE NURSING HOME
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MARYLAND County: Balto Co
City or town: BALTIMORE
(If outside city or town limits, write RURAL and give nearest town)
Street No. 901 OVERBROOK ROAD.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: SARAH S. JOHNSON.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW.

6.(b) Name of husband or wife: MILTON JOHNSON.
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): FEBRUARY 22, 1867

8. AGE: Years: 89 | Months | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: DELAWARE (Town, county, and state)

10. Usual occupation: NONE.

11. Industry or business

FATHER
12. Name: JOSEPH MAXWELL
13. Birthplace: DELAWARE.

MOTHER
14. Maiden name: UNKNOWN.
15. Birthplace: UNKNOWN

16. Informant: JOHN H. JOHNSON.
Address: 3640 ROLAND AVE.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: DEC 30 1950 (month) (day) (year)
Cemetery or ~~crematory~~: Red Clay Creek
Location: Delaware
18. Funeral director: Austin E. Donovan
Address: 3818 Roland Ave

19. Dec. 29 1950 (Date rec'd by registrar) A.W. Hedrich M.D.S. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: DECEMBER 28, 1950, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 8 1949, to Dec 28 1950
and that I last saw h PR alive on Dec 28 1950

Immediate cause of death	DURATION
Pulmonary edema	36 hrs
Due to: Myocardial failure	48 hrs
Due to: Arteriosclerotic cardiovascular disease	Unknown
Other conditions: Senility	

422.1
93d

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Stephen Lee Magness MD (M. D. or other)
Address: Catonsville 28, Md. Date signed 12-29-50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12007

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea; LENGTH OF STAY (In this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 110 West Elm Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea; STREET ADDRESS (If rural give location) 110 West Elm Ave

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) G. (Last) Jones

4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 26 1906

9. AGE last birthday: 44 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew Hoehn

14. MOTHER'S MAIDEN NAME: Katherine Ripple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212 07 8406

17. INFORMANT: Charles R. Jones 110 W. Elm Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Brain

193X Antecedent cause(s) 54b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: AUG, 1950 to present.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Glioma Brain,

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1950, to December 8 1950, that I last saw the deceased alive on December 8, 1950, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Norland Edward Day MD ADDRESS: 4-E-330 St Balto 18 DATE SIGNED: December 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF: 12-12-50 NAME OF CEMETERY OR CREMATORY: Parkwood cem. LOCATION (City, town, or county) (State): Taylor Ave Balto. Md.

DATE REC'D BY LOCAL REG.: 12-11-50 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Rippel Bros. ADDRESS: 7110 Belair Rd.

VS. A15

Dr. Day 3424 Guilford Ter

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12008

30

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Casper (Middle) (Last) JUNG

4. DATE OF DEATH (Month) Dec. (Day) 31 (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 8-6-1866

9. AGE last birthday 84 yrs. If under 1 year Months 4 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet maker

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME ---

14. MOTHER'S MAIDEN NAME ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ---

17. INFORMANT AND ADDRESS Hospital records- Spring Grove Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary embolism	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac failure and extensive arteriosclerosis	indef.
	(c) Senility	

450.0

111.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 19, 1950, to Dec. 21, 1950, that I last saw the deceased alive on Dec. 31, 1950, and that death occurred at 10:10p. m., from the causes and on the date stated above.

SIGNATURE Arnold H. Eichert M.D. (Degree or title) ADDRESS Spring Grove State Hosp. DATE SIGNED 12/31/50

Arnold H. Eichert, M.D. Catonsville 28, Md.

23. BURIAL, CREMATION / REMOVAL (Specify) Burial

DATE THEREOF 1/3/51

NAME OF CEMETERY OR CREMATORY Trinity Cem.

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 1/2/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H. J. Luck ADDRESS 5305 Harford Rd

30889

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12009

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
LENGTH OF STAY (In this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dalton Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
STREET ADDRESS (If rural give location): Dalton Avenue

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) C. (Last) KAHLER

4. DATE OF DEATH: (Month) Dec. (Day) 22nd, (Year) 1950

5. SEX: male (MALE)

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 4, 1877

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): confectionery store

10b. KIND OF BUSINESS OR INDUSTRY: own business

11. BIRTHPLACE (State or foreign country): Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Kahler

14. MOTHER'S MAIDEN NAME: Mary Klein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs. Chas. C. Kahler, Dalton Ave., Balto. 6, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pernicious anaemia	10 yrs
	(c)	

290.0
9th

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Dec 22, 1950, that I last saw the deceased alive on Dec 22, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J M Baumgardner MD — ADDRESS: Balto 6 Md — DATE SIGNED: 12-23-50

23. BURIAL, CREMATION / REMOVAL (Specify): burial | DATE THEREOF: Dec. 26, 1950 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: December 23 1950 | REGISTRAR'S SIGNATURE: R W. | 24. FUNERAL DIRECTOR: Lasonby Funeral Home | ADDRESS: 7401 Belair Rd.

15661

12011

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vetx.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1001 E. Lanvale St.

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) J. (Last) KEIMIG
4. DATE OF DEATH (Month) Dec. (Day) 27 (Year) 1950

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 8-1-88
9. AGE last birthday 62 yrs. If under 1 year Months 4 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (painter)(Pressman)
10b. KIND OF BUSINESS OR INDUSTRY Commercial Printing
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Keimig
14. MOTHER'S MAIDEN NAME Mary Schneider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY No. 216-05-0438 unknown
17. INFORMANT AND ADDRESS Clinical Rec.Vets.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion with thrombosis & myocardial infarction	6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	unknown
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Dec.15, 1950, to Dec.27, 1950, ~~that I last saw the deceased~~ ~~alive on~~, and that death occurred at 7:45 P m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED
PAUL PADGET, M.D. CHIEF, MEDICAL SERVICE VAH FT.HOWARD, MD. 12-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-30-50
NAME OF CEMETERY OR CREMATORY Balto.National Cemetery
LOCATION (City, town, or county) (State) 5501 FrederickAve.Balto.Md.

DATE REC'D BY LOCAL REG. 12/29/50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS Geo.J.Ruth Inc. 1735 Harford Ave.Balto.Md.

39214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12012

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk. LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 Sollers Pt. Rd.	STREET ADDRESS (If rural, give location) 27 Sollers Pt. Rd.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) J. (Last) Kelley.

4. DATE OF DEATH (Month) Dec. (Day) 12 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Aug 8-1888	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk - Balto. Co.	Retired	Baltimore	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Kelley.	Catherine Keller.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Eva Kelley (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

443x Antecedent cause(s) (b) Hypertensive Cardiovascular Disease

134a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Kidney Stones

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 10, 1948, to Dec 12, 1950, that I last saw the deceased alive on Dec 11, 1950, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jamie S. Wolfe	MD.	1331 North Ave Baltimore	12-13-50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/16/50	Sacred Heart	German Hill Rd.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/14/50	JT	John G Connelly.	Essex 21, Md

26699

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Wolfe,
1331 E. North Ave.

12013

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8606 Willow Oak Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Baltimore Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural, give location) 8606 Willow Oak Road

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) STEPHEN (Last) KENNEDY
4. DATE OF DEATH (Month) 12/20/50 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1887
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) QUARRY-SUPT.
10b. KIND OF BUSINESS OR INDUSTRY CONTRACTORS
11. BIRTHPLACE (State or foreign country) BALTO MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JAMES KENNEDY
14. MOTHER'S MAIDEN NAME MARY BIRT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 716-07-5683
17. INFORMANT AND ADDRESS 8606 Willow Oak Rd. Mrs. Elizabeth Kennedy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Sclerosis	few hours
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thrombosis of coronary vessels	1946
131a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis - Chronic Int Nephritis 1940

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20, 1950, to 12/20, 1950, that I last saw the deceased alive on 12/20, 1950, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE G. W. Bishop (Degree or title) ADDRESS 503 Sheridan Av DATE SIGNED 12/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/22/50
NAME OF CEMETERY OR CREMATORY Cathedral Cem
LOCATION (City, town, or county) Balto City (State)
DATE REC'D BY LOCAL REG. 1/50
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Wiedefeld & Son WIEDEFELD & SON ADDRESS Greenmount & 22nd St.

Dr ✓ 156V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12014

Reg. Dist. No.....

Evidence for change in 8 & 9 shown on:

FILM No. G 130 JAN 30 1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1321 W. Fayette St.

3. NAME OF DECEASED (Type or Print): (First) ROSE (Middle) (Last) KING

4. DATE OF DEATH: (Month) December (Day) 22, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-28-1877

9. AGE last birthday: 73 63 yrs. — If under 1 year: Months. 3 Days 24 — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Quincy Hart

14. MOTHER'S MAIDEN NAME: Alice Lambert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-respiratory failure — 3 hrs

443X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio-sclerotic cardio vascular disease

(c) hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. right hemiplegia — 1½ years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to Dec. 22, 1950, that I last saw the deceased alive on Dec. 22, 1950, and that death occurred at 7:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Florence Design Joyce M.D. — ADDRESS: Spring Grove State Hospital, Catonsville 28, Md. — DATE SIGNED: 12/22/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12/26/50 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: December 23-1950 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR ADDRESS: Wm Cook Inc. 1217 St. Paul St

12015

MARYLAND STATE DEPARTMENT OF HEALTH

Not BC

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 234 Gralan Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 304 Marydell Rd.

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) Gertrude (Last) Kirby
4. DATE OF DEATH (Month) (Day) (Year) 12/15/50 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 11, 1886
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Justus C. Keilholtz
14. MOTHER'S MAIDEN NAME Mary Ellen Lyons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Walter V. Kirby, 304 Marydell Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
174 x Immediate cause	(a) Carcinomatosis	
48 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of uterus	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4/28/49
19b. MAJOR FINDINGS OF OPERATION Carcinoma of uterus
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 12/14, 1950, that I last saw the deceased alive on 12/14, 1950, and that death occurred at 12 30 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Alsha H. Crowther MD
ADDRESS 4209 Frederick Ave
DATE SIGNED 12/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/18/50
NAME OF CEMETERY OR CREMATORY London Park, 3801 Frederick Rd.
LOCATION (City, town, or county) Balto. 29, Md. (State)

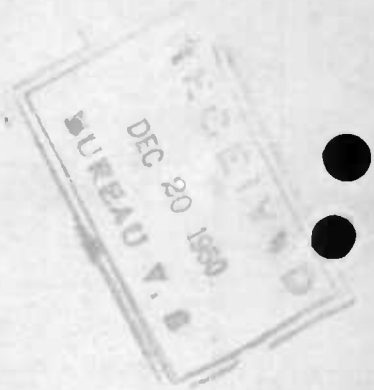
DATE REC'D BY LOCAL REG. 12-18-50
REGISTRAR'S SIGNATURE V E Harry
24. FUNERAL DIRECTOR Harry H. Witzke
ADDRESS 4101 Edmondson Av

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12010

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Opitz Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2315 E. Madison St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) B. (Last) Kaiser (KISER)
4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: about 1861
9. AGE last birthday: 89 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: B & O R.R.
11. BIRTHPLACE (State or foreign country): U.S.A.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Margaret Schwartz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr. Myocarditis — 1½ yrs.
422.2 Antecedent cause(s)
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: No
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): No m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1949, to Dec 23, 1950, that I last saw the deceased alive on Dec 15, 1950, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

SIGNATURE: S. Lloyd Johnson (Degree or title) M.D. ADDRESS: Catonsville, Md. DATE SIGNED: 12/23/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12-26-50 | NAME OF CEMETERY OR CREMATORY: Oak Lawn | LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 12-26-50 | REGISTRAR'S SIGNATURE: L

24. FUNERAL DIRECTOR: Jack Lewis Inc. ADDRESS: 2100 Eutaw Pl

XVX47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12016

CERTIFICATE OF DEATH

Reg. Dist. No. 4C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore -19. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. | LENGTH OF STAY (in this place) 2 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7710 North Point Creek Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point Md.
STREET ADDRESS (If rural give location) 7710 North Point Creek Rd.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) Albert (Last) Kocsan.
4. DATE OF DEATH: (Month) DEC. (Day) 24. (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Apr 5. 1892
9. AGE last birthday: 58 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): millwright
10b. KIND OF BUSINESS OR INDUSTRY: Steel mill
11. BIRTHPLACE (State or foreign country): Checoslavakia
12. CITIZEN OF WHAT COUNTRY: Checoslavakia

13. FATHER'S NAME: Andrew Kocsan.
14. MOTHER'S MAIDEN NAME: Mary Fedorko.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-07-3051
17. INFORMANT: Susie Kocsan.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Interstitial nephritis. and Uremia. — Interval between onset and death: 4 days.

592 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

132 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis ? 10 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 1950, to Dec 24, 1950, that I last saw the deceased alive on Dec 23, 1950, and that death occurred at 8:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Sollie M.D. 6908 North Point Rd.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 12-27-1950 | NAME OF CEMETERY OR CREMATORY: Sacred Heart | LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 12/26/50 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John L. Moran ADDRESS: 3000 E. Baltimore St.

496 29

MARYLAND STATE DEPARTMENT OF HEALTH

12017

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2123 Fairmount Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Krawczyk

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 2/15/01

9. AGE last birthday: 49 yrs. If under 1 year: Months 9 Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor - Emp.

10b. KIND OF BUSINESS OR INDUSTRY: Clothing Mfr.

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY: Unknown

13. FATHER'S NAME: Adam Krawczyk

14. MOTHER'S MAIDEN NAME: Mary Zielenski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-10-1964

17. INFORMANT AND ADDRESS: John Krawczyk, 2123 Fairmount Ave. Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	23 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Emphysema	About 5 yrs.
	(c) Ameloid	6 mos.

002x
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3, 1950, to 12/3, 1950, that I last saw the deceased alive on 12/3, 1950, and that death occurred at 1:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elmer P. Sauer. M.D. Mt. Wilson, Md. 12/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/6/50

NAME OF CEMETERY OR CREMATORY: St. Stanislaus Cemetery

LOCATION (City, town, or county) (State): 1300 Dundalk Ave. Baltimore Md.

DATE REC'D BY LOCAL REG. 12/3/50

REGISTRAR'S SIGNATURE: Helen R. Mayer

24. FUNERAL DIRECTOR ADDRESS: Wm. Fialkowski, 2007 Eastern Ave. Baltimore, Md.

960 06

RECEIVED
DEC 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12018

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Rosemont
LENGTH OF STAY (In this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3624 Baltimore St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rosemont
STREET ADDRESS (If rural, give location) 3624 Baltimore St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) George Ladner

4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, (Fri.) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH March 29, 1890
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dispatcher
10b. KIND OF BUSINESS OR INDUSTRY Taxi Cab Business
11. BIRTHPLACE (State or foreign country) Phil., Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. Stella E. Ladner (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary heart disease

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo W. Kieffer MD Deep Med Exam Balto Co
ADDRESS 1010 Leadenhall
DATE SIGNED Dec 30 50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial -
DATE THEREOF Feb. Jan. 2, 1951
NAME OF CEMETERY OR CREMATORY Glen Haven Cem.
LOCATION (City, town, or county) (State) A.A. Co., Md.

DATE REC'D BY LOCAL REG. 1-2-51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR A. Howard Evans
ADDRESS 1400 S. Charles St Balto 30, Md.

RM 1565

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

12019

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 58 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1819 N. Dallas Street

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) F. (Last) LANGER
4. DATE OF DEATH (Month) December (Day) 19 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 27, 1896
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam fitter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph Langer
14. MOTHER'S MAIDEN NAME Barbara Fell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 213-01-0623
17. INFORMANT AND ADDRESS VET.ADM.HOSP.CLIN.RECORDS. FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) BRONCHOPNEUMONIA, BILATERAL, CAUSE UNKNOWN	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) BRONCHIECTASIS, BILATERAL	3 years
	(c) EMPHYSEMA, PULMONARY	3 years

527.1
107

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Oct. 22, 1950, to Dec. 19, 1950 ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 1:05 A.m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED
PAUL PADGET, M.D., CHIEF, MEDICAL SERVICE, VETERINE ADMINSTRATION HOSP. Ft. Howard, Maryland 12-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 22, 1950
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 12/20/50
REGISTRAR'S SIGNATURE G.W. Hedrick
24. FUNERAL DIRECTOR ADDRESS H. Sander & Sons, North & Broadway, Balto., Md

34809 George F. Sander

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

12373

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville (Rural — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1401 Rolling Road	STREET ADDRESS 1401 (If rural give location) Rolling Road

3. NAME OF DECEASED (Type or Print)	(First) Sylvia	(Middle) Jean	(Last) La Rendu	4. DATE OF DEATH	(Month) Dec. (Day) 31, (Year) 1950 19
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 12-17-50	9. AGE last birthday yrs.	If under 1 year Months 14 Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Catonsville, Md.	12. CITIZEN OF WHAT COUNTRY? [illegible]		
13. FATHER'S NAME Leslie La Rendu	14. MOTHER'S MAIDEN NAME Catherine Compton				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Leslie La Rendu, Catonsville, Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

763.0 Immediate cause (a) Pneumonia

109 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General debility

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo. W. Kieffer Jr. Dep. Med. Exam Balto Co 1010 Leed on Dec 31. 50

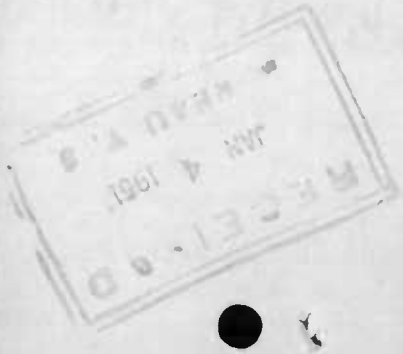
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1-1-51	NAME OF CEMETERY OR CREMATORY Good Shepherd	LOCATION (City, town, or county) (State) Ellicott City, Md.
DATE REC'D BY LOCAL REG. 1-1-51	REGISTRAR'S SIGNATURE V. E. Harry	24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md.	ADDRESS

9VV170 99V 99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A


RECEIVED
JAN 4 1961

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12020

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (In this place) 21 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bond Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) Bond Avenue

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Asha (Last) Lauterbach

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 27 1894

9. AGE last birthday: 56 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John F Lauterbach

14. MOTHER'S MAIDEN NAME: Annie Worrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-07-0324

17. INFORMANT: Mrs Beatrice Lauterbach Reisterstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho-Pneumonia	3 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple Myeloma	1 Year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5 Years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to Dec. 24, 1950, that I last saw the deceased alive on Dec. 24, 1950, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	Reisterstown, Md.	12/26/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-27-50	Westminster Cemetery	Westminster	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-26-50	Mary B. Eline	Wm Berryman & Sons	Reisterstown Md

308V9

DEC 28 1960

12021

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland. LENGTH OF STAY (in this place) 63 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Main St.-

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Chester (Last) Lee.-

4. DATE OF DEATH (Month) (Day) (Year) December 21, 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.-

8. DATE OF BIRTH April 12, 1885

9. AGE last birthday 65 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed.-

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Freeland, Md.-

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George C. Lee.-

14. MOTHER'S MAIDEN NAME Isabelle Hedrick.-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mrs. Maude Robinson, Freeland, Md.-

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	4 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

332x
836

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17, 1950, to Dec. 21, 1950, that I last saw the deceased alive on Dec. 21, 1950, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE A. M. Franca (Degree or title) M.D. ADDRESS Parkton Md. DATE SIGNED 12/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Dec. 24, 1950

NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.-

LOCATION (City, town, or county) (State) Freeland, Md.

DATE REC'D BY LOCAL REG. Dec 23 1950

REGISTRAR'S SIGNATURE Charles L. Fulton

24. FUNERAL DIRECTOR Jacob Hartenstein ADDRESS New Freedom, Pa.

XVX19

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1951
BUREAU U. S.

Evidence for change in #4 shown on:

12022

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

FILM No. G 1[illegible] JAN 10 1951

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bradshaw; LENGTH OF STAY (In this place):; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bradshaw; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ORVILLE (Middle) (Last) LEE

4. DATE OF DEATH: (Month) Dec. (Day) ~~18~~ 17 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 11, 1929

9. AGE last birthday: 21 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Auto

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Sander Lee

14. MOTHER'S MAIDEN NAME: Alice Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-22-6091

17. INFORMANT: Alice Lee, Bradshaw, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Stab wound of neck

982 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 167 (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) (COUNTY) (STATE): Pfeiffer Rd., Bradshaw, Balto. Co., Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 16, 1950 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?: Sharp instrument

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☒, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stanley K. Dunlachie M.D. 700 Fleet St., Balto. 2, Md. Dec. 18, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 21, 1950

NAME OF CEMETERY OR CREMATORY: Asbury

LOCATION (City, town, or county) (State): Loreley, Balto., Md.

DATE REC'D BY LOCAL REG.: Dec. 21-50

REGISTRAR'S SIGNATURE: C. E. Arthur

24. FUNERAL DIRECTOR: Howard L. McComas & Son

ADDRESS: Aberdeen Md

33669

RECEIVED
DEC 28 1950
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12023

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 47 Kinship Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 47 Kinship Rd

3. NAME OF DECEASED (Type or Print): (First) Lawrence (Middle) (Last) Lehtonen

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Feb. 20 1902

9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millworker

10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel

11. BIRTHPLACE (State or foreign country): Finland

12. CITIZEN OF WHAT COUNTRY? Finland

13. FATHER'S NAME: Oscar Lehtonen

14. MOTHER'S MAIDEN NAME: Edla

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Ronald Lehtonen 47 Kinship Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ulcerative Colitis — INTERVAL BETWEEN ONSET AND DEATH: 5 Mo.

572.2 / 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 3 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18, 1950, to Dec. 20, 1950, that I last saw the deceased alive on Dec. 18, 1950, and that death occurred at 1 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) W. B. Davis M.D. — ADDRESS 6800 Monument Blvd - Dundalk — DATE SIGNED 12/21/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 23, 1950 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): Balto. Co., Md.

DATE REC'D BY LOCAL REG. 12/22/50 — REGISTRAR'S SIGNATURE: A. W. Jacobson

24. FUNERAL DIRECTOR — ADDRESS: Ullrich Fun. Home Dundalk, Md.

49629

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

12024

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Md. | LENGTH OF STAY (in this place) 15½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 9 N. High St. ✓

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (NMI) (Last) Lipsitz

4. DATE OF DEATH (Month) (Day) (Year) Dec. 20 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced

8. DATE OF BIRTH 8-27-98

9. AGE last birthday 52 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) actor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto.Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Israel Lipsitz

14. MOTHER'S MAIDEN NAME Jennie MN Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO. unknown

17. INFORMANT AND ADDRESS Clinical Rec. Vets.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) GASTRO-INTESTINAL HEMORRHAGE — 10 hrs.

581.0 / 124 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of Liver — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Dec. 19, 1950, to Dec. 20, 1950, that I last saw the deceased alive on [illegible] 19[illegible], and that death occurred at 6:02 A m., from the causes and on the date stated above.

SIGNATURE Vincent J. Brecken (Degree or title) M.D. ADDRESS VAH Fort Howard, Md. DATE SIGNED 12-20-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12-21-50 | NAME OF CEMETERY OR CREMATORY Mount Carmel Cemetery | LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 12-21-50 | REGISTRAR'S SIGNATURE D.W. Hedrick

24. FUNERAL DIRECTOR Jack Lewis, Ins. ADDRESS 2100 Eutaw Place, Balto. Md.

V3844

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12025

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown; LENGTH OF STAY (in this place): 43 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown; STREET ADDRESS (If rural give location): 11 Westminster Rd.

3. NAME OF DECEASED (Type or Print): (First) EFFIE (Middle) JUNE (Last) LITTLE

4. DATE OF DEATH: (Month) DECEMBER (Day) 27 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 6-22-1877

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Waltz

14. MOTHER'S MAIDEN NAME: Alice King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: W. A. Little, above address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY EDEMA	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC C.V. DISEASE	3 yrs.
	(c)	

422.1
932

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1949, to DEC. 27, 1950, that I last saw the deceased alive on DEC. 27, 1950, and that death occurred at 10:00 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	Reisterstown, Md.	12/27/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12-30-1950	Winter's	Carroll Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-30-50	Mary B. Eline.	C. M. Waltz	Winfield, Md.

RECEIVED
JAN 3 1951

12026

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point Edgemere
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pt Rd & Masseth ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural, give location) 2605 Brannon ave

3. NAME OF DECEASED (Type or Print) (First) Jacob (Middle) Allen (Last) Lupton

4. DATE OF DEATH (Month) Dec (Day) 30 (Year) 50

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-10-1872
9. AGE last birthday 78 yrs. If under 1 year Months 8 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Nelson Box Fac
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Allen Lupton
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Sallie Lupton (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812.5 Immediate cause (a) Fracture base skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

170 c (b) Fracture rt arm at elbow

(c) Shock.

INTERVAL BETWEEN ONSET AND DEATH: Immediate

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Sparrows Pt. Rd (COUNTY) Balto. (STATE) Md
TIME OF INJURY (Month) 12 (Day) 30 (Year) 50 (Hour) 6 15 A m.
INJURY OCCURRED While at work ☐ Not while at work ☐ Via.
HOW DID INJURY OCCUR? Hit by Auto on icy road

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) M. D. ADDRESS Deputy Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED 12/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-2-51
NAME OF CEMETERY OR CREMATORY Moreland Memorial
LOCATION (City, town, or county) Taylor Ave Balto Co (State) Md

DATE REC'D BY LOCAL REG. 1/3/51
REGISTRAR'S SIGNATURE H. W. Hedrick Dm
24. FUNERAL DIRECTOR John G. Connelly ADDRESS Essex

496 12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12027

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH · COUNTY: BALTO. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7233 HOLABIRD AVE	STREET ADDRESS (If rural, give location): 7233 HOLABIRD AVE

3. NAME OF DECEASED (Type or Print) (First) VIRGINIA (Middle) SUE (Last) MANN			4. DATE OF DEATH (Month) DEC. (Day) 3 (Year) 1950	
5. SEX: FEM.	6. COLOR OR RACE: WH.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED	8. DATE OF BIRTH: 7/26/1887	9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FLOOR LADY (RETIRED)	10b. KIND OF BUSINESS OR INDUSTRY: CLOTHING	11. BIRTHPLACE (State or foreign country): CHARLOTTESVILLE, VA.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: THOMAS B. BUNCH		14. MOTHER'S MAIDEN NAME: MARY L. GLASS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —	16. SOCIAL SECURITY NO.: 226-03-5468	17. INFORMANT: THOMAS G. BUNCH		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
170X	Immediate cause	(a) Uraemia	3 weeks
50	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of breast (left)	6½ yrs
		(c) Spinal metastases	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1944	19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast (left) Virginia	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1950, to Nov 29, 1950, that I last saw the deceased alive on Nov. 29, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Michael A. Abramson M.D. 1820 Eastern Place Dec. 14-50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE THEREOF: 12/6/1950	NAME OF CEMETERY ~~OR CREMATORY~~: OAK WOOD	LOCATION (City, town, or county) (State): CHARLOTTESVILLE, VA.
DATE REC'D BY LOCAL REG.: 12/4/50	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR ADDRESS: Walter Brooks Bradley, Dundalk, Md.	

12665

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

K. Adams
1830 Linton Pl
9-10

(5)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12028

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 10 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Heights; STREET ADDRESS (If rural, give location) None ✓

3. NAME OF DECEASED (Type or Print): (First) Lemuel (Middle) Calvin (Last) Matthews

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown

8. DATE OF BIRTH: 8/14/77

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Matthews

14. MOTHER'S MAIDEN NAME: Elizabeth Hakeson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown.

17. INFORMANT AND ADDRESS: Calvin Matthews, Gallinger Hosp, Wash DC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 32 hrs.

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

830a (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 28, 1940, to Dec. 27, 1950, that I last saw the deceased alive on Dec 27, 1950, and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George H. Longley	M.D.	Spring Grove State Hosp Catonsville	12/27/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 30-1950	Cedar Hill Cemetery	Suitland, Pr. Geo. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 29-1950	T. E. Harvey	Simmons Bro.	2007 Nichols Ave SE Washington D.C.

15609

VS. A15

RECEIVED
DEC 30 1950
KEAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

12029

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville (Rural)
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Padonia & Jenifer Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville (Rural)
STREET ADDRESS (If rural, give location) Hale Road

3. NAME OF DECEASED (Type or Print) (First) Irving (Middle) W (Last) MAYS

4. DATE OF DEATH (Month) Dec. (Day) 27 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Sept 13 1873

9. AGE last birthday 77 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY General

11. BIRTHPLACE (State or foreign country) Balto Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert Hanson Mays

14. MOTHER'S MAIDEN NAME Carey Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. Talbott Kelly, Cockeysville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of prostate

177X
51b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1949

19b. MAJOR FINDINGS OF OPERATION Prob. Carcinoma

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 194X, to Dec. 27, 1950, that I last saw the deceased alive on Dec. 26, 1950, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. M. Frame M.D. Parkton Md 12/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Dec. 30, 1950

NAME OF CEMETERY OR CREMATORY Mt. Carmel

LOCATION (City, town, or county) (State) Parkton, Balto Co. Md

DATE REC'D BY LOCAL REG. Dec 29/50

REGISTRAR'S SIGNATURE Wm. J. Whitcraft

24. FUNERAL DIRECTOR ADDRESS Landon M Brooks, Sparks, Md.

9884

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12030

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carrollton Avenue	STREET ADDRESS (If rural, give location) Carrollton Avenue

3. NAME OF DECEASED (Type or Print)	(First) CHRALES	(Middle) HERBERT	(Last) McCOMAS	4. DATE OF DEATH	(Month) Dec. (Day) 24, (Year) 1950 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH Sept. 20, 1863	9. AGE last birthday 87 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ticket Agent- Ret.	10b. KIND OF BUSINESS OR INDUSTRY Penna. R.R.	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Joshua McComas	14. MOTHER'S MAIDEN NAME Rebecca J. Maul				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Clarence McComas, Ruxton, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma (Gastric) — 2 ps. ?

15 X Antecedent cause(s)

46 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1950, to Dec 23, 1950, that I last saw the deceased alive on Dec 23, 1950, and that death occurred at 6:15 A m., from the causes and on the date stated above.

SIGNATURE John [illegible] (Degree or title) J. M. D. ADDRESS Towson - Md DATE SIGNED 12/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Dec. 27, 1950	NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery	LOCATION (City, town, or county) (State) Towson, Maryland
DATE REC'D BY LOCAL REG. 12/27/50	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR John Burns' Sons, Towson, Maryland	ADDRESS

244 47

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

12031

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH
COUNTY: Balto (MARYLAND)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto Co
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 100 McCormick Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto Co
STREET ADDRESS (If rural give location): 100 McCormick Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	Alfred	McCormick	Dec	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Widower	Sept 12 1866	84 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Own. Business	Balto Co	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander McCormick	Martha Councilman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs. John Holt 36 Elmont Ave Balto Co Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolus	15 minutes
463X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 121	(b) phlebitis right leg + thigh	8 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-30-50	None - Appendecostomy	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-30, 1950, to 12-22-, 1950, that I last saw the deceased alive on 12-22-, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Milton C. Carey, M.D	2117 Belair Rd	12-26-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/28/50	Parkwood	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-27-50		Lassahn Funeral Home	7401 Belair Rd Md

30809

2117 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12032

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6430 Gilmore Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) 6430 Gilmore Avenue

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Wesley (Last) McDonald

4. DATE OF DEATH: (Month) December (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 6, 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm hand

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John McDonald

14. MOTHER'S MAIDEN NAME: Elizabeth -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. ---

17. INFORMANT: Mrs. Emma F. McDonald 6430 Gilmore Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — 2 days

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Cardio-Vascular Disease — 3 yrs.

(c) Senility

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 23, 1950 to Dec 17, 1950, that I last saw the deceased alive on Nov. 24, 1950, and that death occurred at 5-30 p.m., from the causes and on the date stated above.

SIGNATURE: Joshua H. Armacost (Degree or title) M.D. ADDRESS: 6419 Windsor Mill Rd Balto-7 DATE SIGNED: Dec 17 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 19 1950
NAME OF CEMETERY OR CREMATORY: Poplar Grove
LOCATION (City, town, or county) (State): Baltimore Co. Maryland

DATE RECD BY LOCAL REG.: 12/18/50
REGISTRAR'S SIGNATURE: M.W. Hedrick Dep
24. FUNERAL DIRECTOR: Burgee Funeral Home ADDRESS: 3631 Falls Road
Horace F. Burgee

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12033

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1629 Ensor Street ✓

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) LEO (Last) MC KINNEY

4. DATE OF DEATH: (Month) December (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-2-04

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Electrical

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John McKinney

14. MOTHER'S MAIDEN NAME: Hessie Whitmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 215-09-8592

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) SUPERIOR SULCUS TUMOR RIGHT (SQUAMOUS CELL CARCINOMA OF RIGHT THORACIC INLET) — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

164X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

55a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 6, 19....., to Dec. 12, 1950, that I last saw the deceased XXXXXXXXXXXXXXXXXXXXXXXX alive on XXXXXXXXXXXXXXXXXXXXXXXX, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

SIGNATURE: Irving Freeman M.D. (Degree or title): Assistant ADDRESS: IRVING FREEMAN, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND DATE SIGNED: 12-14-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12-18-1950
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 12-15-50
REGISTRAR'S SIGNATURE: O. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: John A. Moran Funeral Home 3000 E. Baltimore St.,Baltimore,Md.

33660

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12034

30

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 605 Plymouth Road

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) SCHALL-MEEKS (Last)

4. DATE OF DEATH: (Month) Dec (Day) 20 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb 8, 1874

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Philadelphia Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christian Schall

14. MOTHER'S MAIDEN NAME: Sally Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-14-8987 D

17. INFORMANT AND ADDRESS: Doris M. Yaste 605 Plymouth Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Toxemia from Gangrene of Rt leg.	2 Mo
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus +	4 yrs
	(c) Arteria-Sclerotic vascular	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Amputation of left leg disease	8 mo.

260X
61

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to Dec 20, 1950, that I last saw the deceased alive on Dec 19, 1950, and that death occurred at 1:30 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. P. VanSchuyver MD — ADDRESS: 4818 Edmondson Ave — DATE SIGNED: 12/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Dec 22-1950 — NAME OF CEMETERY OR CREMATORY: Woodlawn — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 12-21-50 — REGISTRAR'S SIGNATURE: R.W. Hedrick

24. FUNERAL DIRECTOR: Mr. & Mrs. John W. Teufel & Son — ADDRESS: 5311 Edmondson Ave

Dm

12035

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) (Last) Merrick

4. DATE OF DEATH (Month) Dec. (Day) 4 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Jan 1, 1881
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer
10b. KIND OF BUSINESS OR INDUSTRY Boiler —
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Leopold Merrick - Austria
14. MOTHER'S MAIDEN NAME Mary Mosofust - Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Viola Baker - 1854 N. Gay St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.0	Immediate cause	(a) heart failure	1 wk.
108	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) pneumonia left lower lobe, ulcers lt leg.	1 wk., 2 yrs.
		(c) arteriosclerotic heart disease	years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 3, 1950, to Dec 4, 1950, that I last saw the deceased alive on Dec 3, 1950, and that death occurred at 7:50 A. m., from the causes and on the date stated above.

SIGNATURE Elizabeth B. Sherrill (Degree or title) M.D. ADDRESS Cockeysville, Md. DATE SIGNED 12/4/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 6/50
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
LOCATION (City, town, or county) Balto. (State) Maryland

DATE REC'D BY LOCAL REG. 12/4/50
REGISTRAR'S SIGNATURE Wm. J. Chilcoat
24. FUNERAL DIRECTOR Philip E. Coach ADDRESS 2716 E. Monument St.

35630

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
DEC 7 1960
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12036

Reg. Dist. No. 4P

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1723 Homestead St.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) F. (Last) MEYERS

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4-6-74

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Engineer

10b. KIND OF BUSINESS OR INDUSTRY: B & O R.R.Co.

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Meyers

14. MOTHER'S MAIDEN NAME: Mary Watkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: 705-05-5122

17. INFORMANT AND ADDRESS: Clinical Records, Vets.Adm.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease with congestive heart failure — 3 mos.

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Dec. 20, 1950, to Dec. 22, 1950, that I last saw the deceased alive on [illegible] and that death occurred at 7:40A m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M.D. VETERANS ADMINISTRATION FORT HOWARD, MD. 12-22-50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 12/26/50

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Taylor Ave. Balto. Md.

DATE REC'D BY LOCAL REG.: 12/26/50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: A. Sanders Funeral Home North & Broadway Balto

ADDRESS

32217

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12037

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 156 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 537 Mosher St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	J.	MILLER	Dec. 28 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	colored	married	11-12-15	35 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
barber - Self Employed	Barber Shop	Anderson, S.C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Luton Miller	Hattie Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW-2	250-05-9436	Clinical Rec. Vets.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MASSIVE HEMOPTYSIS	3 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PULMONARY TUBERCULOSIS	unknown
	(c)	

002 x
128

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I VA attended the deceased from July 25, 1950, to Dec. 28, 1950, that I last saw the deceased [redacted] alive on [redacted] and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Kmc Paul Padgett	PAUL PADGET, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND		12-29-50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	1/2/51	Hollows Spring Cemetery	SouthCarolina

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
December 30-1950	R.W.	Charles R. Law	802 Madison Avenue, Baltimore, Maryland

100089

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12038

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown | LENGTH OF STAY (in this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Niccodemus

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural, give location): Nicodemus Road

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Jane (Last) Mitten
4. DATE OF DEATH: (Month) Dec. (Day) 10, (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 7, 1861
9. AGE last birthday: 89 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Carroll Co.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Wampler
14. MOTHER'S MAIDEN NAME: [illegible] Byers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If year, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. John U. Smith Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Decompensation	5 wks
443X Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive C. V. Disease	10 yrs.
	(c) Arteriosclerosis.	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): None
TIME OF INJURY (Month) (Day) (Year) (Hour): None — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 7-6-'41, 19..., to 12-10, 1950; that I last saw the deceased alive on Dec 10, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE: Dr. D. Caples | (Degree or title): M.D. | ADDRESS: Reisterstown Md | DATE SIGNED: 12-12-50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec. 13, 1950 | NAME OF CEMETERY OR CREMATORY: Westminster Cem. | LOCATION (City, town, or county) (State): Westminster, Md.

DATE REC'D BY LOCAL REG.: 12-12-50 | REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR: J. F. Eline & Sons, Reisterstown, Md. | ADDRESS

RECEIVED
DEC 29 1950

MARYLAND STATE DEPARTMENT OF HEALTH

12039

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural near Parkton
LENGTH OF STAY (in this place): 55 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural near Parkton.
STREET ADDRESS (If rural, give location): Rayville Rd.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Hamner (Last) Molesworth.

4. DATE OF DEATH: (Month) December (Day) 22, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.

8. DATE OF BIRTH: Sept. 19, 1881

9. AGE last birthday: 69 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Frederick Co, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel H. Molesworth.

14. MOTHER'S MAIDEN NAME: Mary Virginia Daffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Frank Molesworth. Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	8 weeks
331X Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Milner Bortner M.D. — ADDRESS: White Hall Md. — DATE SIGNED: Dec 13 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 26 1950 — NAME OF CEMETERY OR CREMATORY: Pine Grove M.B. Cem. — LOCATION (City, town, or county) (State): Rayville, Balto Co. Md.

DATE REC'D BY LOCAL REG.: Dec 23 1950 — REGISTRAR'S SIGNATURE: Chester L Preston

24. FUNERAL DIRECTOR — ADDRESS: Jacob Hartenstein, New Freedom, Penna.

RECEIVED
JAN 3 1951
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12040

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville
LENGTH OF STAY (in this place): 1½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 2536 W. Fairmount Ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Franklin (Last) Morris

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: June 24 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Molder

10b. KIND OF BUSINESS OR INDUSTRY: Kennedy foundry

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Daniel Morris

14. MOTHER'S MAIDEN NAME: Laura V. Hilditch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-07-5249

17. INFORMANT AND ADDRESS: Laura M. Schroeder R. N.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Arteriosclerotic Heart disease w/ failure — Interval Between Onset and Death: 1 week

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Arteriosclerosis — 4 years

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 19 50, to Dec 21, 19 50, that I last saw the deceased alive on Dec 21, 19 50, and that death occurred at 1 40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter T. Kees M.D. Cockeysville Md 12/21/50

23. BURIAL, CREMATION, REMOVAL (Specify): DATE 12-23-50 NAME OF CEMETERY OR CREMATORY: London Park LOCATION (City, town, or county): Baltimore (State): Md

DATE REC'D BY LOCAL REG. 12-23-50 REGISTRAR'S SIGNATURE: Laura M. Schroeder

24. FUNERAL DIRECTOR: Wm. Cook, St. Paul & Preston St. ADDRESS

44439

RECEIVED
DEC 26 1950

MARYLAND STATE DEPARTMENT OF HEALTH

12041

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susie	Anna	Moser	Dec	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	9-15-98	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Augustus Bowers	Bessie Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	none	Warren Moser - Owings Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
170 X Immediate cause	(a) Carcinoma of lung & brain	6 Mos
50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Right Breast	2 Yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Metastasis from Rt breast.	—

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1948	Carcinoma Rt breast	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from Aug 5, 1950, to Dec 17, 1950 that I last saw the deceased alive on Dec 17, 1950 and that death occurred at 2.30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr E E Nichols		Reisterstown Md	11-18-50

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-21-50	Pleasant Hill	Owings Mills

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-21-50	Dr E E Nichols	Wm Berryman & Son	Reisterstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12042

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3012 LIBERTY PKWY

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 3012 LIBERTY PKWY

3. NAME OF DECEASED (Type or Print) (First) ROSE (Middle) MUEHLBERGER (Last)

4. DATE OF DEATH (Month) DEC (Day) 31 (Year) 1950

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH DEC 13, 1872

9. AGE last birthday 78 yrs.
If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME FINK

14. MOTHER'S MAIDEN NAME MOMBERGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS STEPHEN MUEHLBERGER 3012 LIBERTY DK

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 3 months

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 yrs.

83a (c) Hypertension — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from dec, 19 45, to dec 30, 19 50, that I last saw the deceased alive on dec 30, 19 50, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harold K. Andrews M D

ADDRESS 33 Dundalk Ave Dundalk Md

DATE SIGNED 12/31/50.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF JAN 3, 51

NAME OF CEMETERY OR CREMATORY OAK LAWN

LOCATION (City, town, or county) (State) COLGATE MD

DATE REC'D BY LOCAL REG. 1-3-50

REGISTRAR'S SIGNATURE RW Hedrick

24. FUNERAL DIRECTOR ULRICH FUNERAL HOME

ADDRESS 2116 DUNDALK

Dm

M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

12043

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belmont Ave.	STREET ADDRESS (If rural give location) Belmont Avenue

3. NAME OF DECEASED (Type or Print)	(First) Clarence	(Middle) A.	(Last) Mullineaux	4. DATE OF DEATH	(Month) Dec. 6, (Day) 1950 (Year) 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 1,1883	9. AGE last birthday 67 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer	10b. KIND OF BUSINESS OR INDUSTRY Bldg.	11. BIRTHPLACE (State or foreign country) Baltimore County, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles Mullineaux	14. MOTHER'S MAIDEN NAME Lucy L. Schaible				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 219-07-0411	17. INFORMANT Mrs.Bertha Mullineaux,Belmont Ave.,Woodlawn			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Emphysema of Lungs	10 years
518X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Nephritis	1 week
130	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov. 25, 1950, to Dec. 6, 1950, that I last saw the deceased alive on Dec. 5, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. C. Smith		4509 Liberty Heights Ave.	

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Dec. 9,1950	NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	LOCATION (City, town, or county) (State) Randallstown, Md.
DATE REC'D BY LOCAL REG. December 9th 1950	REGISTRAR'S SIGNATURE R.W.	24. FUNERAL DIRECTOR Willis Lamoreau	ADDRESS 4510 Liberty Heights Ave.

346 V9

12044

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4Y

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 126 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~
STREET ADDRESS (If rural, give location) Arcadia Street, Easton, Md.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	GEORGE	W	MURPHY		12	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	4-26-94	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shop Forman, Unemp.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tangier, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Murphy
14. MOTHER'S MAIDEN NAME: Phoeba Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. 218-20-6884
17. INFORMANT AND ADDRESS: Clinical Rec.Vets.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia of right Middle & Lower Lobes	unknown
145 X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 45 f	(b) Carcinoma of Left Tonsil	9 months
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA I attended the deceased from Aug. 21, 1950, to Dec. 24, 1950, ~~that I last saw the deceased~~ XXXX

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12045

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural 2, Balti 21
LENGTH OF STAY (In this place) 20 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 13 Box 255 Balti 21

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balti.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural 2 Balti
STREET ADDRESS (If rural, give location) Rt 13 Box 255 Balti 21

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Roland (Last) Nies Jr.

4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov. 26, 1900

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman

10b. KIND OF BUSINESS OR INDUSTRY: Balto City Police

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John R. Nies

14. MOTHER'S MAIDEN NAME: Mathilda Helen Sohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Daughter: Lydia Jean Ford.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	½ hr.
430.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic coronary heart disease	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Previous coronary thrombosis 6 months prior to death

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept., 1950, to Dec., 1950, that I last saw the deceased alive on 4 Nov, 1950, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles W. Kerr M.D. 815 Eastern Ave. Balti 21 Dec. 3, 1950

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 12/6/50

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Frederick Rd Md

DATE REC'D BY LOCAL REG.: 12/4/50

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Mildred T. Blight ADDRESS: 6009 Hayford Rd

JT

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route #40 - NR. Middle River
LENGTH OF STAY (In this place) None
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norristown, Penna
STREET ADDRESS (If rural give location) 635 George St.

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) C (Last) Oberholtzer
4. DATE OF DEATH (Month) Dec. (Day) 18 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH Oct 5-1928
9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (State or foreign country) Norristown, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harry S. Oberholtzer
14. MOTHER'S MAIDEN NAME Catherine Rehfuss
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT Jake Fryer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 — Immediate cause (a) Third Degree Burns over entire body —

170 C — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None.
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route #40 (CITY OR TOWN) NR. Middle River (COUNTY) Balto (STATE) Md.
TIME OF INJURY (Month) Dec (Day) 18 (Year) 50 (Hour) 7:00 a.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Ran into rear of another truck + caught on fire.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M B Davis MD (Degree or title) Dept. Med Exam. ADDRESS Dundalk 22 Md. DATE SIGNED 12/19/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 12/22/50 NAME OF CEMETERY OR CREMATORY Lutheran Cemetery LOCATION (City, town, or county) Summytown (State) Penna
DATE REC'D BY LOCAL REG. December 19, 1950 REGISTRAR'S SIGNATURE Edith Hurley
24. FUNERAL DIRECTOR D. Bae Boyd. ADDRESS Norristown Penna

42050

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

RECEIVED
DEC 20 1950
BUREAU V. B

12047

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~38~~ ?

1. PLACE OF DEATH · COUNTY 1208 Taylor Ave, Balto County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE 1208 Taylor Ave Balto Co-Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Violetville — LENGTH OF STAY (in this place) 38 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Violetville
HOSPITAL OR INSTITUTION OR STREET ADDRESS None	STREET ADDRESS (If rural give location) 1208 Taylor Ave.

3. NAME OF DECEASED (Type or Print) (First) ROUZA (Middle) Anna (Last) PAVLIK Svehli

4. DATE OF DEATH (Month) December (Day) 3 (Year) 1950

5. SEX Female — 6. COLOR OR RACE W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow — 8. DATE OF BIRTH Sept. 29, 1880 — 9. AGE last birthday 70 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Austria Hungary — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mahowsky — 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT Walter J. Pavlik, 1208 Taylor Ave. (SON) Violetville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

526x Immediate cause (a) Broncho-Pneumonia — 2 days

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Bronchiectasis — 10 yrs.

(c) ~~[illegible]~~

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio-Vascular Disease c̄ failure — 4 yrs

19a. DATE OF OPERATION None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 1940, to Dec 3, 1950, that I last saw the deceased alive on Dec 3, 1950, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Earl Pass, M-D — ADDRESS 4001 Wilkens Ave — DATE SIGNED Dec 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify) ~~Burial~~ — DATE THEREOF 12/6/50 — NAME OF CEMETERY OR CREMATORY Loudon Park, 3801 Frederick Rd. — LOCATION (City, town, or county) Balto. 29, Md. (State)

DATE REC'D BY LOCAL REG. 12-5-50 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR Harry H. Lintz — ADDRESS 4101 Edmondson Ave

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for addition of 18 shown on:

FILM No. G 136 FEB 5 1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

12048

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Washington
LENGTH OF STAY (in this place) 2 months 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1225 LAKE FALLS Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Washington
STREET ADDRESS (If rural, give location) 1225 Lake Falls Road

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) RODGERS (Last) PETERSON
4. DATE OF DEATH (Month) Dec (Day) 31 (Year) 1950
5. SEX F
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Oct 21, 1950
9. AGE last birthday yrs. If under 1 year Months 2 Days 10 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Baltimore, City Md
12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME George G Peterson
14. MOTHER'S MAIDEN NAME Mary Rodney Brooks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY No. ✓
17. INFORMANT George G Peterson (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Interstitial pneumonitis. (2-5-51 - ams)

492X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

109

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Stanley H. Duclacher (Degree or title) M.D. ADDRESS 700 Fleet Street, Baltimore 2, Md. DATE SIGNED Dec. 31, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/1/51
NAME OF CEMETERY OR CREMATORY Cathedral Cemetery
LOCATION (City, town, or county) Baltimore (State) Md.
DATE REC'D BY LOCAL REG. 1-4-51
REGISTRAR'S SIGNATURE Dr. A. M. Bacon
24. FUNERAL DIRECTOR Henry W. Mearson ADDRESS 805 N. Calvert St.

2-0-0-21-0-21-2-34-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Birthwk 1910 grant

#50-22723

RECEIVED
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BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12049

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 600 Plymouth Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 600 Plymouth Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) OWEN (Last) PILSON

4. DATE OF DEATH: (Month) Dec (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: April 25. 1897

9. AGE last birthday: 53 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steward

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Country Club

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Abram O. Pilson

14. MOTHER'S MAIDEN NAME: Lizzie W. Beans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: 219-07-5272

17. INFORMANT AND ADDRESS: Florence Scarlett Pilson 600 Plymouth Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Acute Myocardial Infarction — Interval between onset and death: 17 days

61 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Sclerosis — Interval between onset and death: about 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Interval between onset and death: unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1950, to Dec 17, 1950, that I last saw the deceased alive on Dec 16, 1950, and that death occurred at 2.9 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Wm A. Gover, M.D. | 1 Mallow Hill Ave Baltimore, Md | 12/17/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec 20. 1950 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county): Baltimore | (State): Md

DATE REC'D BY LOCAL REG. 12/18/50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Mrs. Mrs. John W. Teufel & Son | ADDRESS: 5311 Edmondson Ave

73290

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12050

Reg. Dist. No. 4 4

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort H ward, Md. | LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 304 E. Randall St. ✓

3. NAME OF DECEASED (Type or Print) (First) ROSCOE (Middle) W. (Last) PLAINE

4. DATE OF DEATH (Month) Dec. (Day) 2 (Year) 1950

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 1-23-93 | 9. AGE Last birthday 57 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) handyman | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Stephen Plaine | 14. MOTHER'S MAIDEN NAME Rosa Stem

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-I ✓ | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT AND ADDRESS Clinical Rec. Vets.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Mesenteric Thrombosis — 6 days

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension; arteriosclerosis of coronary artery Myocardial infarction — unknown unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 11-29, 1950, to 12-2-, 1950, ~~that I last saw the deceased alive on~~ and that death occurred at 5:45A m., from the causes and on the date stated above.

SIGNATURE George E. Moffat, M.D. (Degree or title) ADDRESS DATE SIGNED

GEORGE E. MOFFAT, M.D. VAH FORT HOWARD, MD. 12-2-50

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATE THEREOF 12-5-50 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) (State) Annapolis Blvd Balto.Md.

DATE REC'D BY LOCAL REG. 12-4-50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS James McCully 128 E.Fort Ave.Balto.Md.

✓ 49649

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

12051

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Boring
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boring
STREET ADDRESS (If rural give location) Upperco P.O., Md.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Hawkins (Last) Price
4. DATE OF DEATH (Month) Dec (Day) 4 (Year) 1950.

5. SEX M.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 1870 Aug 3.
9. AGE last birthday 80 yrs. If under 1 year Months 4 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming Farm hand
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S. A

13. FATHER'S NAME William Price
14. MOTHER'S MAIDEN NAME Licinia Klindist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Brinlay Boring - Boring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
442x	Immediate cause	(a) Apoplexy - (Cerebral Hemorrhage)	1 hr
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis	20 yrs
		(c) Cardio-Renal disease with Chronic Prostatic disease with urine retention.	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 4, 1950, to Dec. 4, 1950, that I last saw the deceased alive on Dec. 4, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Cyril E. Fowble, M.D. ADDRESS Upperco, Md. DATE SIGNED 12-4-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-7-50
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. 12-5-50
REGISTRAR'S SIGNATURE Mary B. Elme
24. FUNERAL DIRECTOR Edw C Tipton, Hampstead Md ADDRESS

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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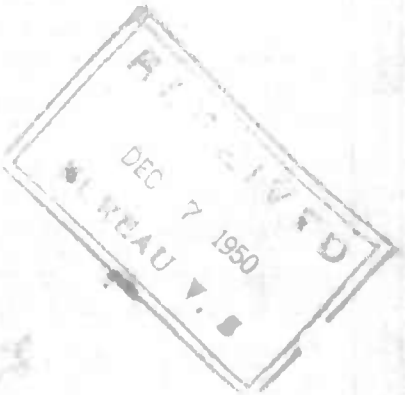
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BUREAU V.S.

12052

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home 812 Regester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1712 John St. ✓

3. NAME OF DECEASED (Type or Print) (First) Virginia (Middle) May (Last) Price
4. DATE OF DEATH (Month) (Day) (Year) 12/17/50 19

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4/16/68
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Andrew Price
14. MOTHER'S MAIDEN NAME Martha Ellen Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. Esther M. Foote 6809 Bellona Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia

490 X
108

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1950, to Dec 16, 1950, that I last saw the deceased alive on Dec 17, 1950, and that death occurred at 2 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. W. Franklin 1123 St Paul St 12/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/19/50
NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery
LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REG. 12/19/50
REGISTRAR'S SIGNATURE A. W. Nelson
24. FUNERAL DIRECTOR John D. Mitchell & Sons
ADDRESS 1900 Eutaw Place

JT Franklin 1123 St Paul St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12053

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Glen Arm MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto, Md
LENGTH OF STAY (In this place) 59 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glen Arm, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural, give location) R.F.D. #2. Glen Arm, Md

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Wesley (Last) Quickly

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 15, 1849

9. AGE last birthday: 101 yrs. If under 1 year: Months — Days 6 — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Gardner

11. BIRTHPLACE (State or foreign country): Sweet Air, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Quickly

14. MOTHER'S MAIDEN NAME: Ann Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. — —

17. INFORMANT: William Grace Johnson, Glen Arm, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 5 days

332X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

83b

(b) General arteriosclerosis — 20 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1947, to Dec. 5, 1950, that I last saw the deceased alive on Dec. 5, 1950, and that death occurred at 4:25 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Hudson M.D. ADDRESS Fork, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8 Dec 1950

NAME OF CEMETERY OR CREMATORY: Mt. Zion Cem

LOCATION (City, town, or county) (State): Long Green, Maryland

DATE REC'D BY LOCAL REG. 12/8/50

REGISTRAR'S SIGNATURE: a W. Hedrick

24. FUNERAL DIRECTOR: Holland Funeral Home-1631 Druid Hill Avenue

ADDRESS

JT

COPY

12054

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Pikesville Balto County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Milford Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) Milford Mill Road

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) Sally (Last) Radcliff
4. DATE OF DEATH (Month) Dec (Day) 15 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 7, 1871.
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John T. Shipley
14. MOTHER'S MAIDEN NAME Ellen ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Arthur Bell Pikesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443x	Immediate cause	(a) Bronchopneumonia	5 wks
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	10 yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma, cholelithiasis

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Nov, 1950, to 15 Dec, 1950, that I last saw the deceased alive on 14 Dec, 1950, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE Paul H Royce (Degree or title) MD ADDRESS Pikesville 8, Md DATE SIGNED 15 Dec 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 18, 1950.
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) (State) Ellicott City, Maryland
DATE REC'D BY LOCAL REG. 12-16-50
REGISTRAR'S SIGNATURE Dr E E Mehaeo
24. FUNERAL DIRECTOR Easton Sons, Ellicott City, Md. ADDRESS

RECEIVED
DEC 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12055

CERTIFICATE OF DEATH

Reg. Dist. No. VY

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 124 Mosher Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
	THOMAS	A.	REARDON	December 27 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	12-22-92	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (State or foreign country): Pikesville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dennis Reardon

14. MOTHER'S MAIDEN NAME: Margaret MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes; (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) GASTROINTESTINAL HEMORRHAGE	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ESOPHAGEAL VARICES	unknown
	(c)	

462.1
124b

11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. CIRRHOSIS OF LIVER — unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 23, 1950, to Dec. 27, 1950, that I last saw the deceased alive on [illegible] and that death occurred at 12:35 A.m., from the causes and on the date stated above.

SIGNATURE: Gilbert M. Hoffman (Degree or title) — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 12-27-50

GILBERT M. HOFFMAN, M. D.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/30/50	New Cathedral Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12/29/50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Charles Evans & Son, Inc. ADDRESS: 120 W. Mt. Royal Ave., Baltimore, Md.

30849

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12056

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto Co — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 Wade ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 23 Wade ave

3. NAME OF DECEASED (Type or Print): (First) George (Middle) A (Last) Reich.

4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 1950

5. SEX: M. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single — 8. DATE OF BIRTH: 1875 — 9. AGE last birthday: 75 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hatter — 10b. KIND OF BUSINESS OR INDUSTRY: Hat Mfg — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob J. Reich. — 14. MOTHER'S MAIDEN NAME: Amandine E. Seyb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) no — 16. SOCIAL SECURITY No. 214-03-9040 — 17. INFORMANT AND ADDRESS: Jacob H. Reich.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr. Myocarditis - failing heart & anasarca — 2½ yrs

Antecedent cause(s) (b) Chr. Bronchitis - Cyanosis & dyspnea — 24 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Bilateral emphysema — 2½ yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At wnrk ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/9, 1976., to Dec 11, 1950, that I last saw the deceased alive on Dec 11, 1950, and that death occurred at 5.35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

A. M. Hennig M.D. — 203 Ingleside Ave. Catonsville 28 Md — 12/12/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 12/13/50 — NAME OF CEMETERY OR CREMATORY Salem Lutheran — LOCATION (City, town, or county) (State) Catonsville Md

DATE REC'D BY LOCAL REG. 12-13-50 — REGISTRAR'S SIGNATURE V.E. Harvey — 24. FUNERAL DIRECTOR — ADDRESS MacNabb - Conn.

49659

RECEIVED
DEC 15 1980
BUREAU V. S

12057

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto-Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrow Pt
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1840 Old. North. Pt. Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrow Pt
STREET ADDRESS (If rural give location) 1840 Old North Pt. Rd

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) W (Last) Reinecke

4. DATE OF DEATH (Month) Dec (Day) 7 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 4-1862
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Farmowned
10b. KIND OF BUSINESS OR INDUSTRY Own. Farm
11. BIRTHPLACE (State or foreign country) Balto. Co Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Wm A Reinecke
14. MOTHER'S MAIDEN NAME Dora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Fredk W Reinecke, 1840 Old North Pt. Rd Balto Co Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary oedema - Uremia	2 days
444X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Interstitial Nephritis	20 years
131a	(c) Hypertension	30 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity - artero-sclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1930, to Dec 7, 1950, that I last saw the deceased alive on Dec 6, 1950, and that death occurred at 5.30 A.m., from the causes and on the date stated above.

SIGNATURE Morris A. Jacobs (Degree or title) M.D. ADDRESS 1010 North Point Rd - Balto 24 DATE SIGNED 12/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/11/50
NAME OF CEMETERY OR CREMATORY Oak Lawn Cem
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 12/8/50
REGISTRAR'S SIGNATURE A. W. Hedeson
24. FUNERAL DIRECTOR Lassahn Funeral Home 7401 Belair Rd. Balto Co Md. ADDRESS

JT

000 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12058

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
STREET ADDRESS (If rural, give location) New Cut Road

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) B. (Last) REINECKE
4. DATE OF DEATH (Month) December (Day) 31 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11-11-95
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Owner
10b. KIND OF BUSINESS OR INDUSTRY Truck Farm
11. BIRTHPLACE (State or foreign country) Severn,Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Reinecke
14. MOTHER'S MAIDEN NAME Ida Kruje
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY No. unknown
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF RIGHT LUNG	6 Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

163x
47d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1950, to Dec. 31, 1950, ~~that I last saw the deceased alive on 19~~ and that death occurred at 12:50 P.m., from the causes and on the date stated above.

SIGNATURE DAVID KUNTZ, M.D. (Degree or title) ADDRESS DATE SIGNED 1-1-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 3, 1950
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Baltimore Maryland (State)
DATE REC'D BY LOCAL REG. 1/2/51
REGISTRAR'S SIGNATURE Dawson L. Farber
24. FUNERAL DIRECTOR T. W. Singleton, Glen & Burnie ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 10 1951
U.S.A.F.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12059

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 E. Overlea Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural give location) 18 E. Overlea Ave.

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) C. (Last) Ricker
4. DATE OF DEATH: (Month) (Day) (Year) 12-31 1950
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug 2 1872
9. AGE last birthday: 78 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: August Ricker
14. MOTHER'S MAIDEN NAME: Mary Rupert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Adelaide Ricker 18 E. Overlea Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma (Sarcoma) of right Kidney — 3 years

180X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 52a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease many years.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-29, 1948, to Dec 31, 1950, that I last saw the deceased alive on Dec 30, 1950, and that death occurred at 9:50 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Max K. English M.D. 5713 Belair Rd Balto, Md. 12-31-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Jan 3 - 1951 | NAME OF CEMETERY OR CREMATORY: Holy Cross Cem. | LOCATION (City, town, or county) (State): Clarksburg West Va.

DATE REC'D BY LOCAL REG. Jan 1 - 1951 | REGISTRAR'S SIGNATURE: Mrs G. L. Reifsnyder | 24. FUNERAL DIRECTOR: Riggs Bros. | ADDRESS: 3110 Belair Rd.

RECEIVED
JAN 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12060

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH · COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mount Wilson
LENGTH OF STAY (in this place): 9 mos., 25 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt.Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elk Mills, Maryland
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Grayson	Clarence	Riggs	Dec.	8	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	11/18/04	46 yrs.	0	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Weaver		Elk Mills, Md.	U.S.

13. FATHER'S NAME: William Riggs

14. MOTHER'S MAIDEN NAME: Agnes Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		213-03-1897	Grayson Clarence Riggs, Elk Mills, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Brain Embolesis	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	5 days
	(c) Chronic Pulmonary Tuberculosis	1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No operation		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/13, 1950., to 12/8/, 1950., that I last saw the deceased alive on 12/8, 1950., and that death occurred at 9:25 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Lauer	M.D.	Mt.Wilson, Md.	12/8/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/12/50	Cherry Hill Cemetery	Elkton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/8/50	Helen R. Mayer	H.W.Pittin & Son, Elkton, Md.

4964

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 13 1950

12061

41

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Dundalk MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7406 Old Battle Grove Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dundalk
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 7406 Old Battle Grove Rd

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) (Last) Ritter

4. DATE OF DEATH (Month) Dec. (Day) 22nd (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar. 6-1882
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Supt. Yellow Cab Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Ritter
14. MOTHER'S MAIDEN NAME 2 Chadler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Margaret Ritter - same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Failure	2 hours
4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1246	(b) Chronic myocarditis	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic hepatitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Dec, 1950, to 22 Dec, 1950, that I last saw the deceased alive on 22 Dec, 1950, and that death occurred at 11:05A m., from the causes and on the date stated above.

SIGNATURE W Herbert Morrison (Degree or title) M.D. ADDRESS 3 Kinship Rd Dundalk DATE SIGNED 22 Dec 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/26/50
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 12/26/50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR L.J. Ruck, 5305 Harford Rd. ADDRESS

1565N

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Morrison
3 Kinship Rd.
Pops Rest left
N.P. To Wise Ave. TRAPPED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12062

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleburgh
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 202 Route 16

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleburgh
STREET ADDRESS (If rural, give location) Box 202 Rt-16

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) K. (Last) ROBINSON

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: May 21-1860

9. AGE last birthday: 90 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Mason W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Robinson

14. MOTHER'S MAIDEN NAME: Eliz Childs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. E. Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma — mouth.

144 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

45 C (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2, 1950, to 12-2, 1950, that I last saw the deceased alive on 12-2, 1950, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert C. Herrmann M.D. 2921 E. Federal St 12-9-50

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE: 12-9-50 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county): Balto (State): Md

DATE REC'D BY LOCAL REG.: December 9th 1950 | REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: John G. Connelly | ADDRESS: #18 Eastern Ave Balto. 21, Md.

XV 99

12063

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1213 Glenback

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 1213 Glenback Ave.

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) ~~[illegible]~~ JOS. (Last) ROGERS JR.
4. DATE OF DEATH (Month) Dec (Day) 31 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married.
8. DATE OF BIRTH 6/29/'17
9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor
10b. KIND OF BUSINESS OR INDUSTRY Plumbing & Heating
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY? W.S.A.

13. FATHER'S NAME albert Jos. Rogers.
14. MOTHER'S MAIDEN NAME Eliz. M. Brookhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (navy) (If yes, give war or dates of service) 1943-'46
16. SOCIAL SECURITY NO. 212-18-7572.
17. INFORMANT Eliz. M. Rogers (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.3 Immediate cause (a) Cardiac Decompensation (acute) — 2½ hrs.

95c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None.
19b. MAJOR FINDINGS OF OPERATION None.
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None. (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE D. D. Caples, M.D. (Degree or title) Deputy Med Exam. ADDRESS Reisterstown, Md. DATE SIGNED 12-31-'50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/3/51
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) Pikesville Md (State)

DATE REC'D BY LOCAL REG. 12-51
REGISTRAR'S SIGNATURE Dr E E Nichols
24. FUNERAL DIRECTOR Thurle H. Newell, ADDRESS Pikesville Md.

15649

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JAN 5 1951
BUREAU V.S.

State

~~BALTIMORE CITY~~ HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 43

12064

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ERNEST AUGUST RUHE

2. DATE OF DEATH: DECEMBER 12, 1950

3. PLACE OF DEATH:
A. Baltimore ~~City~~, Maryland BALTO.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 40. Fullerton Heights. Ave
C. Length of stay in Baltimore 40 yrs (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fullerton
D. STREET ADDRESS (If rural, give location): 40. Fullerton Hgts. Ave

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan 11. 1887
9. AGE (In years last birthday): 63 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car. Inspector
10B. KIND OF BUSINESS OR INDUSTRY: Pa RR
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christian Ruhe
14. MOTHER'S MAIDEN NAME: Katherine Caseker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 717-07-7774
17. INFORMANT: Mrs. E A Ruhe, 40 Fullerton Hgts. Ave — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARDIAC DECOMPENSATION — INTERVAL BETWEEN ONSET AND DEATH: 6 MONTHS

DUE TO

ANTECEDENT CAUSES

(B) HYPERTENSIVE CARDIO-VASCULAR DISEASE — 10 YEARS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

443 X
93d

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* APRIL, 1950, *to* DEC. 12, 1950, *that I last saw the deceased alive on* DEC. 12, 1950, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Helen F. Polek, M. D.
23B. ADDRESS: 4200 Sheldon Avenue
23C. DATE SIGNED: Dec. 12, 1950

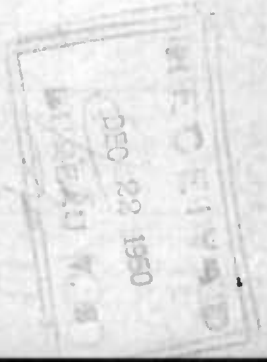
24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/16/50
24C. NAME OF CEMETERY OR CREMATORY: Parkwood Cem
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: Dec. 13 - 1950
REGISTRAR'S SIGNATURE: Mrs. A. L. Reifsnider
25. FUNERAL DIRECTOR: Lassahn Funeral Home 7401 Belair Rd Balto Co — ADDRESS

3847

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


RECEIVED
DEC 22 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12065

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 240 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Newmarket
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) H (Last) SAUNDERS, JR.

4. DATE OF DEATH (Month) Dec.28 (Day) (Year) 1950

5. SEX Male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH 10-24-26

9. AGE last birthday 24 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tile setter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) East Newmarket, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James H. Saunders, Sr.

14. MOTHER'S MAIDEN NAME Clara Wilkerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-2

16. SOCIAL SECURITY NO. 218-20-6868

17. INFORMANT AND ADDRESS Clinical Rec.Vets.Adm. Hosp. Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 23 mos.

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138

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from May 2, 1950, to Dec 28, 1950, that I last saw the deceased XXXXXXXXXXXXXXXXXXXX and that death occurred at 6:35 A m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M.D. CHIEF, MEDICAL SERVICE VAH FT.HOWARD, MD. 12-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF 12-28-50

NAME OF CEMETERY OR CREMATORY

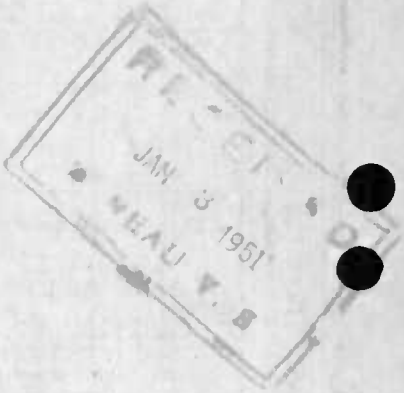
LOCATION (City, town, or county) (State) East Newmarket Md.

DATE REC'D BY LOCAL REG. Dec.28.50

REGISTRAR'S SIGNATURE Duncan L. Harbey

24. FUNERAL DIRECTOR ADDRESS Blight Funeral Home 6009 Harford Rd.Balto.

48827


JAN 3 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12066

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt.Wilson; LENGTH OF STAY (in this place) 4 yrs, 3 mos. 16 days.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 803 W. Lombard St.

3. NAME OF DECEASED (Type or Print): (First) Ida; (Middle) -; (Last) Schlotman

4. DATE OF DEATH: (Month) Dec.; (Day) 27; (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 11/28/07

9. AGE last birthday: 43 yrs. If under 1 year: Months; Days 29; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Paul Burra

14. MOTHER'S MAIDEN NAME: Mary Hyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs.Ida Schlotman, 803 W.Lombard St. Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Tuberculous Pericarditis	3-4 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	14 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/11, 1946, to 12/27, 1950, that I last saw the deceased alive on 12/27/50 19..., and that death occurred at 4:25 A.m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Sann M.D. (Degree or title); ADDRESS: Mt. Wilson, Md.; DATE SIGNED: 12/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 12/30/50; NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery; LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12/27/50; REGISTRAR'S SIGNATURE: Helen R. Mayer

24. FUNERAL DIRECTOR: Dippel Bros., ADDRESS: 1800 E.Lombard St. Baltimore, Md.

RECEIVED
DEC 30 1950
BUREAU OF

12067

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 10 Maple Dr

3. NAME OF DECEASED (Type or Print) (First) William (Middle) H (Last) Schaaf
4. DATE OF DEATH (Month) Dec (Day) 10 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 11 1880
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Schaaf
14. MOTHER'S MAIDEN NAME Johanna Hupka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Emma Schaaf 10 Maple Dr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	3 days.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial-sclerotic Heart Disease	5 years?
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.14, 1946, to 12.10, 1950, that I last saw the deceased alive on 12.9, 1950, and that death occurred at 5 9 m., from the causes and on the date stated above.

SIGNATURE George C Nolan (Degree or title) M.D ADDRESS 805 3rd Ave 28 Md DATE SIGNED 12.11.50

23. BURIAL, CREMATION REMOVAL (Specify) Cemetery
DATE THEREOF 12/14/50
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 12-12-50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Albert Finnel (Home 2004 Arlington ADDRESS 27480

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

12668

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3 8

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 300 Baltimore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural, give location) 300 BALTIMORE AVE

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) (Last) SCHRIVER

4. DATE OF DEATH: (Month) DEC. (Day) 28 (Year) 1950

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH MAR. 4, 1857 | 9. AGE last birthday 93 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife - at Home
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) HARFORD Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JOHN SCHUSTER
14. MOTHER'S MAIDEN NAME CATHERINE HELM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MRS. J. T. PRICE 300 BALTO. ~~AVE~~ TOWSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval Between Onset and Death: 2 weeks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — ?

450 D
97

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1950, to Dec 26, 1950, that I last saw the deceased alive on 12/26, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Neil MacMurchy M.D. ADDRESS 801 Bunsen Av. Balto. DATE SIGNED 12/29

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 12-30-50 | NAME OF CEMETERY OR CREMATORY SALEM | LOCATION (City, town, or county) (State) JARRETTSVILLE, Md.

DATE REC'D BY LOCAL REG. 12/29/50 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Williams Cook, Inc. ADDRESS 1217 ST. PAUL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1201 Poplar Grove
9-10

12069

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Edmonson Ridge Rd.	STREET ADDRESS (If rural, give location) 69 Edmonson Ridge Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) WILLIAM THOMAS SCHWARZKOPF	4. DATE OF DEATH (Month) (Day) (Year) 12 - 22 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W	Married	Sept. 15, 1879	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mail Carrier-Ret.	Post office	Md.	

13. FATHER'S NAME Charles Schwarzkopf	14. MOTHER'S MAIDEN NAME Veronica Reis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)	16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS Wm. N. Schwarzkopf

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Amyotropic Lateral Sclerosis	2 years
Antecedent cause(s)	(b) Bronchopneumonia	10 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

356.1
82

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to 12-22, 1950, that I last saw the deceased alive on 12-22, 1950, and that death occurred at 12:14 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jean Asleman	M.D.	1201 Poplar Grove St	12-23-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-26-50	Cathedral	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12-24-50	V E Harry	George H. Farley - Catonsville, Md.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 29 1950
KEAU V. S

Evidence for change of year of birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12070

FILM No. G 130 JAN 9 1951 **CERTIFICATE OF DEATH**

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 6 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 306 S. Duncan St. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH	M.	SCHWEIGER	Dec. 20 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married	9-22-~~85~~ 96	54 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. PLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
pipefitter		Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Valentine Schweiger	Elizabeth Dunnigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes WW-1	unknown	Clinical Rec. Vets.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Congestive Heart Failure	3 Wks.
420.0 / 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart Disease	3 yrs.
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I/VA attended the deceased from Dec.14, 1950, to Dec. 20, 1950, ~~that I last saw the deceased~~ alive on ~~XXXXXXXXXXXXXXXXXX~~, and that death occurred at 12:10 P.m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M.D. VAH FT. HOWARD, MD. 12-20-50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	unk.	Balto.National Cemetery	5501 Frederick Ave.Balto.Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/22/50		Lilly & Zeiler 1901 Eastern Ave.Balto.Md.

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12071

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5528 Selma Avenue	STREET ADDRESS (If rural, give location) 5528 Selma Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) JAMES C. SEWARD				4. DATE OF DEATH (Month) (Day) (Year) December 15, 1950	
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH March 7, 1858	9. AGE last birthday 92 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Cooperage	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Soloman Seward			14. MOTHER'S MAIDEN NAME Louise Baker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Inez S.Riley 5528 Selma Ave. Halethorpe		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture right Thigh.	10 days
903.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arteriosclerosis c̄ beginning dementia	7 months
186a	(c) Refusal to take fluids - dehydration	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Arbutus	(COUNTY) Balto.	(STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 12 5 '50 — m.	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR? Fall on floor.		

22. I hereby certify that I attended the deceased from ....., 1930..., to Dec 15, 1950, that I last saw the deceased alive on Dec 14, 1950, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frederic V. Beetler		of 23 Medical Arts Bldg - Balto.	12-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12-18-50	NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery	LOCATION (City, town, or county) Baltimore	(State) Maryland
DATE REC'D BY LOCAL REG. 12/16/50	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Wm J Tickner & Sons - North & Penna Aves	ADDRESS Baltimore, Md.	

31699

RECEIVED
DEC 16 1960
BUREAU V

12072

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 321

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 24 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritters Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Ritters Lane

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Samuel T. Sheppard

4. DATE OF DEATH (Month) (Day) (Year) 12 - 1 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 16, 1865
9. AGE last birthday 85 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardner
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Glenelg. Howard Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Sheppard
14. MOTHER'S MAIDEN NAME Ruth E Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Edna Sheppard - Ritters Lane Owings Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Sudden
Antecedent cause(s)	(b) Chronic Myocarditis	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis	?

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Arthritis Deformans Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Several years to 12-1-, 1950, that I last saw the deceased alive on Nov 30, 1950, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE E. E. Nichols (Degree or title) MD ADDRESS Pikesville 8 Md DATE SIGNED 12-4-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/4/50
NAME OF CEMETERY OR CREMATORY Mountain View
LOCATION (City, town, or county) (State) Howard Co. Md.

DATE REC'D BY LOCAL REG. 12-4-50
REGISTRAR'S SIGNATURE Dr E E Nichols
24. FUNERAL DIRECTOR Frank H. Newell, Pikesville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1950
BUREAU U. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

7 12073

Reg. Dist. No. 4-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3608 Washington Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 3608 Washington Blvd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	A	Shrader	Dec	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	July 19, 1897	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Honorary Mgr.	Horse Races	Ga.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown Shrader	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No			Agnes Shrader 3608 Washington Blvd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

420.1 — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ger. W. Kieffer	M.D.	Dept. of Health 1010 Lexington Bldg. Balto.	Dec 16 50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/18/50	Dr. Cem.	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 16. 50	Ger. Kieffer M.D.	Jos. Ortwein & Son	1217 E. Pratt St

35628

RECEIVED
DEC 18 1950
KEAU, T. H.

12074

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH · COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Balto. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe — LENGTH OF STAY (in this place) 15 yr.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1407 Avon Court	STREET ADDRESS (If rural give location) 1407 Avon Court

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) LEONARD (Last) SIPES			4. DATE OF DEATH (Month) Dec. (Day) 3 (Year) 1950	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Nov. 24, 1889	9. AGE last birthday 61 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Manager Pantry		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Leonard Sipes			14. MOTHER'S MAIDEN NAME Louise Flaum	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-18-3685	17. INFORMANT Son. - Norbert Sipe	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	8 Min
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Disease	2 yrs
93d	(c) Hypertension	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1948, to Dec 3, 1950, that I last saw the deceased alive on Dec 1, 1950, and that death occurred at 11:58 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James N. Katzenberger		721 Medical Arts Bldg	12/5/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 4-50	New Cathedral	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/6/50		Gertrude A. Kenny	5646 Corville Av.

15699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

See Film G130 2/2/51 jst
Birth Certificate.

12075

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
HOSPITAL OR INSTITUTION OR STREET ADDRESS 414 Cedar Ave.	STREET ADDRESS (If rural, give location) 414 Cedar Ave.

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) N. (Last) SMITH

4. DATE OF DEATH: (Month) Dec. (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug-11-1887

9. AGE last birthday: 63 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool Worker

10b. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin Co

11. BIRTHPLACE (State or foreign country): Aug 1st Albany, New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Smith

14. MOTHER'S MAIDEN NAME: Eliz Macon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. ~~Wilthe~~ Weltha Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-sclerotic Cardio-Vascular Renal Disease — 1 yr.

442X Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION: no

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1950, to Dec. 12, 1950, that I last saw the deceased alive on Dec 12, 1950, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

SIGNATURE: James F White M.D. (Degree or title) ADDRESS: 422 Eastern Ave., Baltimore 21, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12-15-50 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem. — LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG.: 12/14/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick JT — 24. FUNERAL DIRECTOR: John G Connelly — ADDRESS: 418 Eastern Ave Balto 21, Md

49638

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12076

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millers Rural — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Hoffmanville

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millers Rural
STREET ADDRESS (If rural, give location): Hoffmanville

3. NAME OF DECEASED (Type or Print): Charles Henry Smith (First) (Middle) (Last)
4. DATE OF DEATH: Dec. 14 1950 (Month) (Day) (Year)
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 15, 1873
9. AGE last birthday: 77 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner Agriculture
11. BIRTHPLACE (State or foreign country): Hoffmanville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Daniel Smith
14. MOTHER'S MAIDEN NAME: Margaret A. Walker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs Hester Smith, Millers Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	12 Days
420.1 Antecedent cause(s)	(b) Chronic Myocarditis	?
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Aortic sclerotic Cardio Vascular disease	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1950, to Dec 14, 1950, that I last saw the deceased alive on Dec 14, 1950, and that death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE: Joseph E. Bud (Degree or title) MD — ADDRESS: Hampstead Md — DATE SIGNED: 12/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Dec. 17, 1950 — NAME OF CEMETERY OR CREMATORY: St. Peters Cem. — LOCATION (City, town, or county): Alesia, Balto. Co. (State): Md.
DATE REC'D BY LOCAL REG.: Dec 17 1950 — REGISTRAR'S SIGNATURE: Charles L. Fulton — 24. FUNERAL DIRECTOR: Jacob Hartenstein, New Freedom Pa. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
DEC 28 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12077

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (in this place) 26 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pleasant Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural give location) Pleasant Hill Road

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HOWARD (Last) SPEACHT

4. DATE OF DEATH: (Month) DECEMBER (Day) 20 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 18, 1896

9. AGE last birthday: 54 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Line inspector

10b. KIND OF BUSINESS OR INDUSTRY: Gas & Electric Co.

11. BIRTHPLACE (State or foreign country): Frederick, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. D. L. Speacht

14. MOTHER'S MAIDEN NAME: Cornelia Mercier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): World II

16. SOCIAL SECURITY NO.: 212-05-7443

17. INFORMANT: Mrs. Alice A. Speacht, Owings Mills, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) BRONCHO-PNEUMONIA	3 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CIRRHOSIS OF LIVER	1 YEAR
	(c)	

581.0
1248

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, 1950, to DEC. 20, 1950, that I last saw the deceased alive on DEC. 20, 1950, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

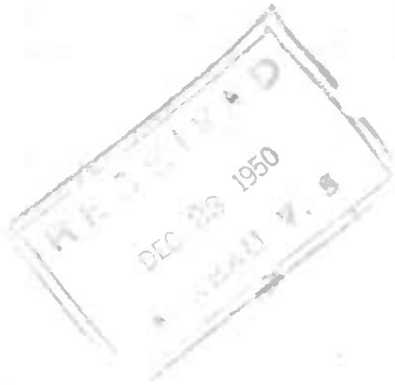
SIGNATURE: Martin E. Strobel (Degree or title) M.D. ADDRESS: REISTERSTOWN, MD. DATE SIGNED: 12/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 23, 1950 | NAME OF CEMETERY OR CREMATORY: Druid Ridge | LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 12-21-50 | REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR: J. F. Eline & Sons ADDRESS: Reisterstown, Md.

49659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DEC 28 1950
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12078

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 40yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 Allegheny Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 209 Allegheny Ave

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) Genevieve (Last) Stebbins

4. DATE OF DEATH: (Month) Dec (Day) 10 (Year) 1950

5. SEX: F. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow — 8. DATE OF BIRTH: Mar. 21 1871 — 9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Own Home — 11. BIRTHPLACE (State or foreign country): Tunkhannock Pa. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar Mills — 14. MOTHER'S MAIDEN NAME: Emily Pike

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: F. G. Boyce 4102 Greenway Guilford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis & Hypertension — Unk.

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1950, to Dec 10, 1950, that I last saw the deceased alive on Dec 10, 1950, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Keen Jr. M.D. Towson-4-Md 12/11/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: Dec 12 1950 — NAME OF CEMETERY OR CREMATORY: Tunkhannock — LOCATION (City, town, or county) (State): Tunkhannock Pa.

DATE REC'D BY LOCAL REG.: 12/11/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR ADDRESS: Henry W. Jenkins & Sons Co. 4905 York Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12079

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 10 yrs. 4 mths.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE transient COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore, Maryland
STREET ADDRESS transient (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) Stevens (Last)
4. DATE OF DEATH (Month) 12 (Day) 11 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH 1-29-1886
9. AGE last birthday 64 yrs. If under 1 year Months 10 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Odd jobs
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Albert Stevens
14. MOTHER'S MAIDEN NAME Annie Cadwalder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown
16. SOCIAL SECURITY NO. none
17. INFORMANT Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Dep Med ADDRESS 1010 Leeds Avenue, Arbutus, Md. DATE SIGNED 12-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 12/12/50
NAME OF CEMETERY OR CREMATORY University Med Hospital
LOCATION (City, town, or county) (State) Balto City Md

DATE REC'D BY LOCAL REG. 12-12-50
REGISTRAR'S SIGNATURE V E Harris
24. FUNERAL DIRECTOR Frances A Hemsley ADDRESS 578 N Biddle St

98849

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

424

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12080

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1029 Elm Ridge Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville Md.
STREET ADDRESS (If rural, give location): 1029 Elm Ridge Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Rosanna	Sophie	Strube	Dec.	18,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under Months	1 year Days	If under 24 hrs. Hours	Min.
F	White		Aug 12, 1896	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstress		Frederick Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Staube	Sluptonia Watcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	211-09-8143	Sister Mrs Frazer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Breast with Generalized Metastasis	3 yrs.
170X Antecedent cause(s)		
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) none	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov 23, 1947	Carcinoma of Breast	Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		none

22. I hereby certify that I attended the deceased from Nov, 1947, to Dec 18, 1950, that I last saw the deceased alive on Dec 2, 1950, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J Earl Pass. MD		4001 Wilkens Ave	Dec 18, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 20-50	Mt. Olivet Cem.	Frederick Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-19-50	C	Clarence A. Peary	5246 Cascade Ave. Catonsville Md.

49688

12081

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Ballo MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Payson ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Ballo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonville
STREET ADDRESS (If rural give location) 5 Payson ave

3. NAME OF DECEASED (Type or Print) (First) Marguerite (Middle) S W (Last) Suter
4. DATE OF DEATH (Month) Dec (Day) 19 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 27, 1891
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Z. Whitney
14. MOTHER'S MAIDEN NAME Camille Rentz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT H. Clay Suter 5 Payson ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Barbiturate Poison

970.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

163B (c) Over dose sleeping tablets

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blood determination

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) Catonsville (COUNTY) Ballo (STATE) md
TIME OF INJURY (Month) Dec (Day) 19 (Year) 50 (Hour) 8-30 a m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Taking over dose sleeping tablets

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo W. Kieffer Md Dep Med Exam Ballo Co
ADDRESS 1010 Leedsan
DATE SIGNED Dec 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-22-50
NAME OF CEMETERY OR CREMATORY Freedom Park
LOCATION (City, town, or county) Ballo md (State)
DATE REC'D BY LOCAL REG. Dec 19, 50
REGISTRAR'S SIGNATURE Geo Kieffer Md
24. FUNERAL DIRECTOR Wm J Tickner & Sons
ADDRESS Ballo md

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

12082

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland. LENGTH OF STAY (in this place) 75 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland.
STREET ADDRESS (If rural, give location) Middletown Rd.

3. NAME OF DECEASED (Type or Print): (First) Jefferson (Middle) (Last) Sutton.

4. DATE OF DEATH: (Month) December (Day) 22, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 6, 1861

9. AGE last birthday: 89 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm.

11. BIRTHPLACE (State or foreign country): Harford Co., Md.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Julie Williams.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mr. Howard Sutton, Freeland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: 10 hrs.

420.1 Antecedent cause(s)

940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from bleadon, 19..., to arrival, 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 6:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. M. Frances M.D. Parkton Md. 12/22/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec. 24/1950 — NAME OF CEMETERY OR CREMATORY: Mt. Zion Cem. — LOCATION (City, town, or county) (State): Freeland, Md.

DATE REC'D BY LOCAL REG. Dec 23, 1950 — REGISTRAR'S SIGNATURE: Chester L. Preston

24. FUNERAL DIRECTOR — ADDRESS: Jacob Hartenstein, New Freedom, Pa.

RECEIVED
JAN 3 1951
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12683

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto — Mt. Vista — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Hyde Md

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) B. (Last) Temple

4. DATE OF DEATH: (Month) Dec. (Day) 24 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct 13-1881

9. AGE last birthday: 69 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Columbus Leazar

14. MOTHER'S MAIDEN NAME: Bell Magness

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT AND ADDRESS: alfred B. Temple

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 15 Min

420.1 Antecedent cause(s) (b) Hypertensive Cardiovascular Disease — 4 yrs.

938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1946, to Dec. 24, 1950, that I last saw the deceased alive on Dec. 24, 1950, and that death occurred at 6:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Clifford F. Hudson, M.D. | Fork, Md. | 12/25/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec. 26-50 | NAME OF CEMETERY OR CREMATORY: Fork Christian Cem | LOCATION (City, town, or county): Fork | (State): Md.

DATE REC'D BY LOCAL REG.: Dec. 25-50 | REGISTRAR'S SIGNATURE: C. E. Arthur, Dep. Local Reg. | 24. FUNERAL DIRECTOR: C. E. Arthur | ADDRESS: Fork Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 28 1950
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12084

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard | LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 309 S. Bentalou Street ✓

3. NAME OF DECEASED (Type or Print): (First) FRED (Middle) F. (Last) THOMAS
4. DATE OF DEATH: (Month) December (Day) 9 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-24-89
9. AGE last birthday: 61 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Silver Engraver
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Slattington, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Thomas
14. MOTHER'S MAIDEN NAME: Flora George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY ARTERIOSCLEROSIS WITH INFARCTIONS OF HEART — UNKNOWN

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 8, 1950, to Dec. 9, 1950, ~~that I last saw the deceased~~ and that death occurred at 8:10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Russell E. Brandon M.D. — ADDRESS VAH, FORT HOWARD, MD. — DATE SIGNED 12-9-50

RUSSELL E. BRANDON, M. D.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 12-13-50 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12/11/50 | REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR: George L. Schwab — ADDRESS: 2101 Frederick Avenue, Baltimore, Maryland

32032

12085

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural near Parkton — LENGTH OF STAY (in this place): 72 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural near Parkton
STREET ADDRESS (If rural, give location): Evna Rd

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Wilmer (Last) Thompson
4. DATE OF DEATH (Month) December (Day) 26 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Febr. 3 1878
9. AGE last birthday: 72 yrs. — If under Months: — 1 year Days: — If under 24 hrs. Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Parkton, Md. R.D.
12. CITIZEN OF WHAT COUNTRY? E. S. A.

13. FATHER'S NAME: Geo. Wesley Thompson
14. MOTHER'S MAIDEN NAME: Mary B. Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: E. May Thompson, Parkton, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Vascular renal disease — 1 yr.

442 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131 a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1949, to Dec. 26, 1950, that I last saw the deceased alive on Dec. 26, 1950, and that death occurred at 1:35 P. m., from the causes and on the date stated above.

SIGNATURE: A. M. France — (Degree or title): M.D. — ADDRESS: Parkton Md — DATE SIGNED: 12/27/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Dec. 29 1950 — NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cem. — LOCATION (City, town, or county) (State): Parkton, Balto. Co. Md.

DATE REC'D BY LOCAL REG.: 12/27/50 — REGISTRAR'S SIGNATURE: Chester L. Fulton — 24. FUNERAL DIRECTOR: J. Jacob Hartenstein — ADDRESS: New Freedom Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1951
BUREAU

12086

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH · COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PARKVILLE — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville- Rural Balto.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2908 Garnet Road	STREET ADDRESS (If rural, give location) 2908 Garnet Road

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) ADAM	(Last) TRABANDT	4. DATE OF DEATH (Month) Dec. (Day) 20, (Year) 1950 19
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov. 10, 1888	9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired	10b. KIND OF BUSINESS OR INDUSTRY farm hand	11. BIRTHPLACE (State or foreign country) Baltimore	12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME John C. Trabandt		14. MOTHER'S MAIDEN NAME Margaret Wehr		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS ~~2908 Garnet Road~~ Mrs. Elizabeth M. Trabandt		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	3 weeks
260 X Antecedent cause(s)	(b) Diabetes mellitus	?
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1950, to Dec. 20, 1950, that I last saw the deceased alive on Dec. 20, 1950, and that death occurred at 10 20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harold A. Grott, M.D.		8100 Harford Rd.	12/22/50.

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 12/23/50	NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 12/22/50	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD.	ADDRESS George F. Sander 866 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12087

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 4307 Keswick Road ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	M.	TULLY	Dec.	12	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Widowed	March 5, 1875	75 yrs.	9	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
gardener	domestic	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick Thomas Tully	Annie McCormick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-respiratory failure

448X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d (b) Cerebral Hemorrhage

(c) Hypertensive cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Nov. 24, 1950, to Dec. 12, 1950, that I last saw the deceased alive on Dec. 12, 1950, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Spring Grove State Hospital Catonsville 28, Md.	12/12/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-16-50	Cathedral	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/15/50	A. W. Hedrick	Loring Byer	5005 Park Heights Ave

JTV

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 11

12088

1. PLACE OF DEATH:

(a) Baltimore ~~City~~ Co., Maryland

(b) Street address 807 Avondale Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Day Village - Turners' Station
(If outside city or town limits, write RURAL and give town)

(d) Street No. 807 Avondale Road.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Preston Turner

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-12-6751

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elnora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1915

8. AGE: Years 35 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Accomack County Va
(Town, county, and state)

10. Usual Occupation Trucker

11. Industry or business National Gypsum Co.

FATHER
12. Name Henry Hopkins Turner
13. Birthplace Accomack County, Virginia

MOTHER
14. Maiden Name Elnora Justice
15. Birthplace Accomack County Va

16 (a) Informant Eleanora Turner
(b) Address 807 Avondale Rd.

17 (a) Removal + Burial (b) Date thereof Dec. 13th 1950
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory First Baptist
Location Mappsville, Virginia

18 (a) Funeral director J. Edgar Thomas
(b) Address Accomac, Virginia

19 (a) 12/11/50 (b) A. W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9th 1950, at 4 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1950, to Dec 1950, and that I last saw him alive on Dec 1950.

Immediate cause of death Hypostatic pneumonia

Due to Malnutrition

Due to Dehydration 570.4

Other Conditions Intestinal obstruction see intestinal mass
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: 122b

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature J. Harold Nichols, M.D.
M. D.

Address 423 New Pittsburgh Ave 42099 Date signed 12-9-50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12089

CERTIFICATE OF DEATH

Reg. Dist. No. 70

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH · COUNTY: Balto. Co (MARYLAND) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingsville | LENGTH OF STAY (In this place): Life | HOSPITAL OR INSTITUTION OR STREET ADDRESS: Belair Rd + Little Gunpowder Falls

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md | COUNTY: Balto | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingsville | STREET ADDRESS (If rural give location): Belair Rd + Little Gunpowder Falls

3. NAME OF DECEASED (Type or Print): (First) George (Middle) — (Last) UNKART

4. DATE OF DEATH: (Month) Dec (Day) 13 (Year) 1950

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Nov. 29 1874 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: OWN Farm | 11. BIRTHPLACE (State or foreign country): Del | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Unkart | 14. MOTHER'S MAIDEN NAME: Eliz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Mrs Geo. Unkart Hydes, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 4 days

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 1 yr.

108 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lobar pneumonia — 6 Mos.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1936, to Dec 13, 1950, that I last saw the deceased alive on Dec. 12, 1950, and that death occurred at 12:02 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Clifford F. Hudson, M.D. | Fork, Md. | 12/13/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/15/50 | NAME OF CEMETERY OR CREMATORY: St Pauls L. Cem | LOCATION (City, town, or county) (State): Kingsville Balto Co, Md

DATE REC'D BY LOCAL REG. 12/14/50 | REGISTRAR'S SIGNATURE: John H. Hammett | 24. FUNERAL DIRECTOR | ADDRESS

Lassahn Funeral Home 7401 Belair Rd Balto Co Md.

DEC 26 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12090

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belair. Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville
STREET ADDRESS (If rural, give location) Belair. Rd

3. NAME OF DECEASED (Type or Print): (First) Adam (Middle) E (Last) Unkart

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Feb. 1, 1877

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern owner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto co

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm Unkart

14. MOTHER'S MAIDEN NAME: — — —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr Wm Unkart. Belair. Rd. Kingsville.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary embolus	few min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured right hip	nov 25 50
	(c)	

9080
156a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: arterial sclerosis — Years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home
(CITY OR TOWN) Balto (COUNTY) (STATE) Md

TIME OF INJURY (Month) Nov (Day) 25 (Year) 1950 (Hour) p m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Fell while walking in cellar

22. I hereby certify that I attended the deceased from Nov 25, 1950, to Dec 4, 1950, that I last saw the deceased alive on Dec 3, 1950, and that death occurred at 12:50 A m., from the causes and on the date stated above.

SIGNATURE: Ted O Hodous — (Degree or title) M.D — ADDRESS: Edgewood Md — DATE SIGNED: 12-4-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12/7/50 — NAME OF CEMETERY OR CREMATORY: St. Paul. Cem — LOCATION (City, town, or county) (State): Kingsville. Balto co Md

DATE REC'D BY LOCAL REG. 12-6-50 — REGISTRAR'S SIGNATURE: W Hammett — 24. FUNERAL DIRECTOR — ADDRESS: Lansdowne Funeral Home 7401 Belair Rd Balto Co.

15671

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 14 1960
BUREAU

12091

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Baltimore

City or town Parkville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Parkville (If outside city or town limits, write RURAL and give nearest town)

Street No. 8127 Hillendale Road (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Harry Unverzagt

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 23-1882

8. AGE: Years 68 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Pipe Coverer

11. Industry or business Heating

FATHER 12. Name Henry J. Unverzagt

13. Birthplace

MOTHER 14. Maiden name Janet Collison

15. Birthplace

16. Informant Mrs Wm. Jones

Address 3601 Southern Ave

17. Burial (Burial, cremation, or removal Which?) Date thereof Dec. 19 1950 (month) (day) (year)

Cemetery or crematory Trinity

Location Baltimore

18. Funeral director Ulrich Funeral Home

Address 2008 Orleans St

19. 12/19 1950 (Date rec'd by registrar) C. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1950 at 3 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1 1949 to Dec. 17 1950 and that I last saw him alive on Dec. 16 1950

Immediate cause of death	DURATION
Chronic nephritis	3 mo.
Due to Arteriosclerotic CVD.	?
Due to	
Other conditions 422.1 131a (Include pregnancy within 3 months of death)	

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harold A. Grott M.D. M. D. or other

Address 8100 Harford Rd. Date signed 12/18/50

34849

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12092

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balt. W MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River Balt
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jay Hall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Balt 20
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balt
STREET ADDRESS (If rural, give location) 7 S. Harrison St

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) (Last) Volz
4. DATE OF DEATH (Month) 12 (Day) 19 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan 3, 1896
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier
10b. KIND OF BUSINESS OR INDUSTRY Eddies. Super. Mark. T
11. BIRTHPLACE (State or foreign country) AUSTRIA
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Ludwig Elding
14. MOTHER'S MAIDEN NAME Pauline Ludwig
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-22-2809
17. INFORMANT Henry D Volz Son 7 S. Harrison Ave Md Balto 20

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 1 yr

163x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Lung

47d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to present, 19, that I last saw the deceased alive on 12/19, 1950, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

SIGNATURE Joseph Kamen (Degree or title) MD
ADDRESS 30 Chandelle Rd Chandelle
DATE SIGNED 12/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/22/50
NAME OF CEMETERY OR CREMATORY Moreland M.P. Cem
LOCATION (City, town, or county) Balto (State) md

DATE REC'D BY LOCAL REG. 12-20-50
REGISTRAR'S SIGNATURE D.W. Kedrick
24. FUNERAL DIRECTOR Lassohn Funeral Home 7401 Belair Rd Md
ADDRESS Balto Co

21061

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12093

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 2 yr. 6 mths. 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural, give location) Seton Institute

3. NAME OF DECEASED (Type or Print)	(First) GRACE	(Middle) L.	(Last) WALTER	4. DATE OF DEATH (Month) December (Day) 26, (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 1879	9. AGE last birthday 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME (Unknown)		14. MOTHER'S MAIDEN NAME (Unknown)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Hospital Records, Catonsville 28, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Heart Failure	10 days
444X Antecedent cause(s)		
95a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aricular fibrillation	
	(c) Hypertension	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 19, 1950, to Dec. 26, 1950, that I last saw the deceased alive on Dec. 26, 1950, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Florence Deringer Joyce	MD	Spring Grove State Hospital Catonsville 28, Maryland	Dec. 27, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 12/29/50	NAME OF CEMETERY OR CREMATORY University Med School	LOCATION (City, town or county) (State) Balto City MD
DATE REC'D BY LOCAL REG. 12/29/50	REGISTRAR'S SIGNATURE V. E. Harry	24. FUNERAL DIRECTOR James A Hemsley	ADDRESS 578 W Biddle

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 26 1950
NEW HAVEN, CONN.

12094

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md ave & Hammond Ferry Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural give location) 5th ave & Saratoga ave

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Warczynski
4. DATE OF DEATH (Month) Dec (Day) 11 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Mar 1880 Unknown
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator
10b. KIND OF BUSINESS OR INDUSTRY Balto Trans
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Antoine Warczynski
14. MOTHER'S MAIDEN NAME Mary Stafanski
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Lena Reeves 1927 Bank St

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardiac failure	
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular disease	
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Dep Med ADDRESS Sam DATE SIGNED
Geo W. Kieffer M.D. Exam Balto Co 1010 Leeds ave Dec 11. 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-14-50
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. Dec 13 50
REGISTRAR'S SIGNATURE Geo Kieffer M.D.
24. FUNERAL DIRECTOR Lilly & Ziegler ADDRESS 403 S Wolfe St

42049

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12095

Reg. Diat. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

1. PLACE OF DEATH

County: Baltimore

City or town: Dundalk (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Dundalk (If outside city or town limits, write RURAL and give nearest town)

Street No. 3 Morris Lane Extended (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Wm. Warr

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 10 1895

8. AGE: Years	Months	Days	If less than one day
55	2	8	..... hrs. ..... min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual occupation: Boiler Maker

11. Industry or business: Bethelhem Steel Co.

FATHER 12. Name: Wm. H. Warr

FATHER 13. Birthplace: Not Known

MOTHER 14. Maiden name: Minnie Lange 260X

MOTHER 15. Birthplace: Not Known

16. Informant: Mary A. Beck

Address: 3 Morris Lane Extended

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 21-50 (month) (day) (year)

Cemetery or crematory: Mt. Carmel Cem.

Location: O'Donnell St.

18. Funeral director: John L. Miller

Address: 2334 Jefferson St.

19. 12/19/50 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 18 19 50 at 10 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 14 19 50 to Dec 18 19 50

and that I last saw h... alive on Dec 18 19 50

Immediate cause of death	DURATION
Acute Pulmonary Tuberculosis - Cavity for months	2 years
Due to: Diabetes	don't know
Due to: Arterio-Sclerosis	2
Other conditions: 260X 002X	

(Include pregnancy within 3 months of death)

Major findings of operations: 135

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: M. A. Jacobs M.D.

M. D. or other

Address: 1010 North Pk. Rd. Date signed: 12/18/50

30 H 24

12096

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 56 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.	STREET ADDRESS (If rural, give location): 1834 Brunt Street

3. NAME OF DECEASED (Type or Print)	(First) LUTHER	(Middle) A.	(Last) WASHINGTON	4. DATE OF DEATH	(Month) December (Day) 27 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 6-10-86	9. AGE last birthday: 64 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furnace Engr.	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Waynesboro, Pa.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Mary MN: Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chr. Intestinal Obstruction	1 yr.
154K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46d	(b) Peritoneal adhesions	1 yr.
	(c) Operated Carcinoma of the rectum	3 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov. 1, 1950, to Dec. 27, 1950, ~~that I last saw the deceased alive on~~ and that death occurred at 12:35 P.m., from the causes and on the date stated above.

SIGNATURE Joseph M. Miller (Degree or title) ADDRESS DATE SIGNED

JOSEPH M. MILLER, M.D. CHIEF, SURGICAL SER. VAH FORT HOWARD, MD. 12-28-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 1-2-51	NAME OF CEMETERY OR CREMATORY: Balto.National Cemetery	LOCATION (City, town, or county) (State): 5501 Frederick Ave.Balto.Md.
DATE REC'D BY LOCAL REG.: 12-1-51	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: Thos. Kelson	ADDRESS: 1303 Presstman St.Balto.Md.

74049

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12097

30

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto Co — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govans — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore. Md. — STREET ADDRESS (If rural, give location) ? Hollins St

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) J. (Last) Weide.

4. DATE OF DEATH: (Month) DEC (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March. 6-1869

9. AGE last birthday: 81 yrs. If under 1 year: Months. 9 Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self.

11. BIRTHPLACE (State or foreign country): Germany.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs Olga Schoenbrodt 1654 Cathedral St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial infarction	15 days
420.1 Antecedent cause(s)	(b) Coronary occlusion	15 days
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteria Sclerosis, generalized	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 13, 1950, to Dec 28, 1950, that I last saw the deceased alive on Dec 28, 1950, and that death occurred at 1.00 P m., from the causes and on the date stated above.

SIGNATURE: Stephen Lee Magruder (Degree or title) MD — ADDRESS: Catonsville 28 — DATE SIGNED: 12-28-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12/30/50 — NAME OF CEMETERY OR CREMATORY: St Pauls Cemetery — LOCATION (City, town, or county) (State): Violetville Md

DATE REC'D BY LOCAL REG.: 12/29/50 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Wm Chas G Rohde — ADDRESS: 2327 Edmondson Ave

30899

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12098

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (In this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Cockeysmille Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
   STREET ADDRESS (If rural give location) Cockeysmille, Road

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) [illegible] (Last) WEINTROUB

4. DATE OF DEATH: (Month) DECEMBER (Day) 10 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH: 1870

9. AGE last birthday: 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Charley Goldberg- Jackson Place

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) BRONCHO-PNEUMONIA	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC C.V. DISEASE	10 yrs
	(c)	

260X 422.1 61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS — 20 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1949, to DEC. 10, 1950, that I last saw the deceased alive on DECEMBER 9, 1950, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	REISTERSTOWN, MARYLAND	12/10/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/11/50	Bnai Israel Cong.	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/11/50	A. W. Hedeman	Sol. Levinson & Bro.	1124-26 N. North Ave.

JT

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12099

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (In this place) 206 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17
STREET ADDRESS (If rural, give location) 1412 Traction Street

3. NAME OF DECEASED (Type or Print): (First) Mack (Middle) (NMI) (Last) WEST
4. DATE OF DEATH: (Month) December (Day) 30 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 2-7-12
9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Front Door Man
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mack West
14. MOTHER'S MAIDEN NAME: Georgia Anna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PULMONARY TUBERCULOSIS; FAR ADVANCED — 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

002x
131-

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1950, to Dec. 30, 1950, ~~that I last saw the deceased alive on~~, and that death occurred at 9:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

DAVID H. KUNTZ, M.D. [signature]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 1-3-51 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 1/2/51 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR: Charles R. Law — ADDRESS: 802 Madison Ave. Balto., Md.

27072

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12100

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp., Ft. Howard, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 107 Calhoun Court ✓

3. NAME OF DECEASED (Type or Print): (First) EIMER (Middle) (NMI) (Last) WHEATLEY

4. DATE OF DEATH (Month) (Day) (Year): December 10, 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10/1/92

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor - Presser

10b. KIND OF BUSINESS OR INDUSTRY: Cleaning Co.

11. BIRTHPLACE (State or foreign country): Boston, Mass.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wheatley

14. MOTHER'S MAIDEN NAME: Annie (MN unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE, LEFT, RECURRENT — one week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease. — five years

(c)

4443 X
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 1950, to Dec. 10, 1950, that I last saw the deceased alive on Dec. 10, 1950, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M.D., Chf., Med. Ser., VAH, Fort Howard, Md. 12/10/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12/13/50 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12/11/50 | REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Charles Law, 802 Madison Ave. Balto., Md

V-04 38

MARYLAND STATE DEPARTMENT OF HEALTH

12101

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turners Station, Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 410 Colfax Way

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turners Station, Dundalk
STREET ADDRESS (If rural, give location) 410 Colfax Way

3. NAME OF DECEASED (Type or Print) (First) Arleen (Middle) Frances (Last) White

4. DATE OF DEATH (Month) (Day) (Year) December 7, 1950 19

5. SEX female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug. 3, 1950
9. AGE last birthday yrs. If under 1 year Months 3 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland Balto. city
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William White
14. MOTHER'S MAIDEN NAME Serene (White) Tilghman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT William White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

491X

107

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE William [signature] (Degree or title) M.D. ADDRESS 700 Fleet Street Baltimore 2, Md. DATE SIGNED Dec. 8, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 11, 1950
NAME OF CEMETERY OR CREMATORY Mt. Calvary
LOCATION (City, town, or county) (State) 3808 Hanover st. Md.

DATE REC'D BY LOCAL REG. 12/11/50
REGISTRAR'S SIGNATURE A. W. Heduck
24. FUNERAL DIRECTOR Joseph C. Russ ADDRESS 1200 McCulloh st

2-0-8-13-0-19-3-40-3

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50-17103

Birth weight 2740 gm

M C I T

12102

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 18 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.	STREET ADDRESS (If rural, give location): 1224 Division Street ✓

3. NAME OF DECEASED (Type or Print)	(First) ROBERT	(Middle) W.	(Last) WHITE	4. DATE OF DEATH	(Month) December (Day) 1 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 4-3-89	9. AGE last birthday: 61 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter - Janitor	10b. KIND OF BUSINESS OR INDUSTRY: Industrial Bldg.	11. BIRTHPLACE (State or foreign country): Cluster Springs, Virginia	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Emmanuel White	14. MOTHER'S MAIDEN NAME: Phyllis White				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW ✓	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARDIAC DILATATION AND HYPERTROPHY	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

434.3

95C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that VA attended the deceased from Nov. 13, 1950, to Dec. 1, 1950, ~~that I last saw the deceased alive on~~ and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank E Poole, M.D.	(A.O.D.)	VAH Fort Howard, Md.	12-1-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF	NAME OF CEMETERY OR CREMATORY: Baltimore National	LOCATION (City, town, or county) (State): Baltimore, Maryland
DATE REC'D BY LOCAL REG.: 12/4/50	REGISTRAR'S SIGNATURE: A. W. Hedrick	24. FUNERAL DIRECTOR: Mrs. George H. Holland	ADDRESS: 1631 Druid Hill Ave Baltimore, Md.

JT ✓

74099

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12103

Reg. Dist. No. 4P

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore 19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2913 Dennis Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Do not.
STREET ADDRESS (If rural give location) 2913 Dennis Lane

3. NAME OF DECEASED (Type or Print): (First) William (Middle) White (Last)

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1950

5. SEX: male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: 11-19-1896 | 9. AGE last birthday: 54 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): cement worker | 10b. KIND OF BUSINESS OR INDUSTRY: Construction | 11. BIRTHPLACE (State or foreign country): ? | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? | 14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 217-18-0272 | 17. INFORMANT William White 2913 Dennis Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion. — Six hours.

420.1 / 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis. — 5 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma — 15 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Dec 21, 1950, that I last saw the deceased alive on Dec 21, 1950, and that death occurred at 10 55 P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
James N. Collin. | M.D. | 6908 North P+R Rd. Balto. 19. Md | 12/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 12-26-50 | NAME OF CEMETERY OR CREMATORY Mt Calvary Cem. | LOCATION (City, town, or county) (State) Brooklyn Md

DATE REC'D BY LOCAL REG. 12-26-50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Lloyd D. Wilson | ADDRESS 1000 Bountiful Ave

44649

M

12104

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): ~~48~~ days 49
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 314 N. Calhoun St. ✓

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) H. (Last) WREN
4. DATE OF DEATH: (Month) December (Day) 7 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 3-9-24
9. AGE last birthday: 26 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): inspector -
10b. KIND OF BUSINESS OR INDUSTRY: factory
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Wren
14. MOTHER'S MAIDEN NAME: Julia Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-2
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Clinical Rec.Vets.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Glomerulonephritis — 6 mos plus

592x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131 b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 10-19, 1950, to 12-7, 1950 ~~that I last saw the deceased alive on~~ and that death occurred at 7:45 A m., from the causes and on the date stated above.

SIGNATURE: Paul Padget (Degree or title) — ADDRESS: PAUL PADGET, M.D. CHIEF, MEDICAL SERVICE VAH FORT HOWARD, MD. — DATE SIGNED: 12-7-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec 11/50 — NAME OF CEMETERY OR CREMATORY: Mt.Calvary Cemetery — LOCATION (City, town, or county) (State): Balto.Md.

DATE REC'D BY LOCAL REG.: December 9th 1950 — REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR — ADDRESS: Robt.A.Elliott 1129 N. Caroline St.Balto.Md

10699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12105

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1725 Lynch Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 1725 Lynch Rd.
STREET ADDRESS (If rural, give location): DUNDALK

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) E. (Last) YOUNG

4. DATE OF DEATH: (Month) DEC. (Day) 18 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JUNE 2, 1886

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): BALTO., MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: GEORGE HISSEY

14. MOTHER'S MAIDEN NAME: HUTTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: WM. J. YOUNG 1725 LYNCH RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Asthma	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	14 months
	(c)	

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/10, 1950, to 12/18, 1950, that I last saw the deceased alive on 12/18, 1950, and that death occurred at 7:50 P. m., from the causes and on the date stated above.

SIGNATURE: Daniel L. Zalis (Degree or title) M.D. ADDRESS: 1942 Cedar Lane DATE SIGNED: 12/19/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 12/22/50 — NAME OF CEMETERY OR CREMATORY: OAK LAWN CEM. — LOCATION (City, town, or county) (State): BALTO. CO., MD.

DATE REC'D BY LOCAL REG.: 12/22/50 — REGISTRAR'S SIGNATURE: G. W. Hedrick

24. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME — ADDRESS: DUNDALK, MD.

JT

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 643

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HENRY ZABEL

2. DATE OF DEATH: Dec. 10, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland — Overlea

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 29 Manor Avenue

c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 12 Glenmore Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	Jan 5, 1879	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper	Canvas Co.	Baltimore, Md.	USA

13. FATHER'S NAME: Charles Zabel

14. MOTHER'S MAIDEN NAME: Margaret Schwartz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	215-09-4209	12 Glenmore Ave Mrs. Ida B.A. Zabel

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — DUE TO

420.1 ANTECEDENT CAUSES

(B) Cardiac Vascular disease. — DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

932

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH: About 4 hours

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* ____, 1945, *to* December 10, 1950, *that I last saw the deceased alive on* Dec 10, 1950, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
[signature] M. D.	3005 St. Paul St.	December 12th 50

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	12/14/50	PARKWOOD CEMETERY	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
DEC 13 1950	[signature]	HENRY SANDER & SONS, INC. BALTO., 13, MD. Henry Sander

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12107

Reg. Diat. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:

County: Baltimore

City or town: Roland Cliff near Towson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Roland Cliff near Towson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Sister Mary Bona Zimmermann

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Jan. 24, 1907

8. AGE:	Years	Months	Days	If less than one day
	43	10	28	... hrs. ... min.

9. Birthplace: New York City, N.Y. (Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business

FATHER 12. Name: John Zimmermann

13. Birthplace: Hungary

MOTHER 14. Maiden name: Mary Kaiser

15. Birthplace: Hungary

16. Informant: Sr. Mary Clara

Address: Roland Cliff

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 24/50 (month) (day) (year)

Cemetery or crematory: Roland Cliff

Location: Green Acre

18. Funeral director: Gus Metzger Son

Address: 811 W Lexington St

19. 12/23/50 19 W. Hammett (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 22 19 50, at 3.10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 19 50, to Dec. 22 19 50 and that I last saw h. alive on Dec. 21 19 50

Immediate cause of death	DURATION
Apoplexy	2 1/2 days
Due to	
Due to	
Other conditions: Hypertension	2

334 X

83a

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Gertrude [illegible] M.D. M. D. or other

Address: 1689 Date signed

RECEIVED
JAN 3 1951
HEAU

Evidence for change of date of birth shown on Film G130 1/2/50 dm. Affidavit, Marriage Record and Wife's Insurance Policy.

12108

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Essex
LENGTH OF STAY (in this place) 7 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 379A Rt 13 Balti 21

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balti
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Essex
STREET ADDRESS (If rural, give location) Box 379A Rt 13 Balti 21

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Thomas (Last) Zuby

4. DATE OF DEATH (Month) Dec (Day) 9 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 11 Feb 1894
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Coal.
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Zuby
14. MOTHER'S MAIDEN NAME Anna Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT (daughter) Helen Gronchi

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	8 hrs.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	5 Yrs.
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov, 1949, to Dec, 1950, that I last saw the deceased alive on 9 Dec, 1950, and that death occurred at 5 p m., from the causes and on the date stated above.

SIGNATURE Charles M. Kerr MD (Degree or title) ADDRESS 815 Eastern Ave. Essex DATE SIGNED 9 Dec. 50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-13-50
NAME OF CEMETERY OR CREMATORY Sacred Heart of Jesus.
LOCATION (City, town, or county) (State) 7401 Tarman Hill Rd. Balto Co.

DATE REC'D BY LOCAL REG. 12/11/50
REGISTRAR'S SIGNATURE A. W. Hefner
24. FUNERAL DIRECTOR J J Bruzdzinski
ADDRESS 1407 Eastern Ave.

454V2